**THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH**

# TANZANIA MEDICINES AND MEDICAL DEVICES AUTHORITY

<Date of submission>

Submission of comments on '<document title>

# Comments from:

Name of Agency or Individual (Stakeholder)

Please note that these comments and the identity of the sender may be published unless a specific justified objection is received.

When completed, this form should be sent to the Tanzania Medicines and Medical Devices Authority (TMDA) electronically, in Word format (not PDF).

# General comments

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| --- | --- | --- |
|  | **General comment (if any)***(To be completed by stakeholder)* | **Outcome (if applicable)***(To be completed by the Authority)* |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

1. **Specific comments on the text**

|  |  |  |
| --- | --- | --- |
| Line number(s) of the relevant text*(e.g. Lines 40-60).* | Comment and rationale; proposed changes*(Changes to the wording may be proposed if applicable)* | Outcome*(To be completed by the Authority)* |
|  | Comment and rationale:Proposed change (if any): |  |
|  | Comment and rationale:Proposed change (if any): |  |
|  | Comment and rationale:Proposed change (if any): |  |

Please add more rows if needed.

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