



INDEPENDENT REVIEW (PBS) REQUEST FORM

Date of Request:

1. **Product** (INN/brand):

2. Date of PBAC Consideration:

3. Agenda Item Number:

4. **Sponsor:**

5. **Sponsor Contact Details:**

Contact Person:

Position:

Address:

Telephone:

Mobile:

Fax:

Email:

6. **Listing Request:**

(Including requested indication)

If space is insufficient, please provide additional information in the form of an attachment.

Statement is attached:

Yes

No

7. **Grounds of Review:**

(This will be included in the Public Summary Document (PSD) pertaining to the application)

The issues relating to the grounds of review must reflect the PBAC's reasons for not recommending listing. The statement should be based upon, and cross-referenced to, the PBAC short minutes. **The statement must be lodged in the form of an attachment.**

Sponsors are reminded that no new information or evidence, beyond that considered by the PBAC, may be accepted or considered by the Independent Review (PBS).

To permit the consideration of the documentation and information that was considered by the PBAC please complete the authority below:

Authority to release documents to the Independent Review (PBS):

On behalf of

I request a review for

Considered at the
[month/year
PBAC meeting]

In doing so, I authorise the PBAC Secretariat to provide the Convenor of the Independent Review (PBS) with all available documents, information and other written material relating to the issues in dispute that were available to the PBAC. This includes the complete submission put before the PBAC, details of the PBAC's consideration of the application, advice to the PBAC from its sub-committees, and the Department of Health and Ageing evaluation report(s). I further authorise the Convenor of the Independent Review (PBS) to provide the said information to the person(s) engaged to undertake the requested review.

Signature:

Witness signature:

Name:

Name of witness:

Date:

This form should be completed and returned by either mail or fax to:

**The Convenor
Independent Review (PBS)
MDP 133
GPO Box 9848
Canberra ACT 2601**

Telephone: (02) 6289 9760 Facsimile: (02) 6289 9747
