New Medicines Related Guidelines Proposal Form

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| **1. Guideline Title** |
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| **2. Why is the guidance needed?** |
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| **3. What is the aim of the guidance?** |
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| **5. What is the scope of the guidance?** |
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| **6. Who will be using the guidance – include organisations and personnel** |
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| **7. Will the implementation of the guidance require additional resources?** |
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| **8. Any other information** |
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| **9. Completed by - (name , role and contact details)** |
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