PUBLIC CONSULTATION ON THE PROPOSED SUBSIDIARY LEGISLATION FOR THE TRANSFER OF CONTROLS OF PHARMACEUTICAL PRODUCTS TO THE HEALTH PRODUCTS ACT (II)

- A. PROPOSED HEALTH PRODUCTS ACT (AMENDMENT OF FIRST SCHEDULE) ORDER 2015
- B. PROPOSED HEALTH PRODUCTS (THERAPEUTIC PRODUCTS) REGULATIONS 2015
- C. PROPOSED HEALTH PRODUCTS (CLINICAL TRIALS) REGULATIONS 2015
- D. PROPOSED HEALTH PRODUCTS (THERAPEUTIC PRODUCTS AS CLINICAL RESEARCH MATERIALS) REGULATIONS 2015
- E. PROPOSED HEALTH PRODUCTS (MEDICAL DEVICES) (AMENDMENT) REGULATIONS 2015

Invitation for Feedback

- a) **Health Sciences Authority** invites interested parties to provide their feedback on the abovementioned. The consultation period is from **15 December 2015 to 15 January 2016**.
- b) Please use this template to provide your feedback. To save your inputs, click on "File" and choose "Save as 'Adobe PDF Files'". The feedback may be submitted to hsa feedback@hsa.gov.sg.
- c) Your responses to this consultation may be published. If you wish to keep your response or identity confidential, please indicate your preference by marking in the relevant column.
- d) The draft legislation is released only for the purpose of consultation and does not represent the final legislation or regulations. All comments received during the consultation exercise will be reviewed.

Date Submitted*	(Please use the following format: dd-mm-yyyy)		
Name*	Preferen Confider	nce for Name ntiality	No
Designation			
Organisation* (Please put as "NA" if you are not representing an organisation)	Preference Organisa Confiden	tion Yes	No
Mailing Address*			
Telephone / Mobile*	Fax		
Email Address*			

^{*} Required field

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	Date			Name		Organisation
Preference for Feedback Feedback Confidentiality Yes No		Legislation Title (Please indicate A, B, C, D, E, or General)	Regulation Number / General	Feedback		
	Example	0	•	A	2. Insertion of "therapeutic product".	<feedback content=""></feedback>
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Date	Name	Organisation	

Feedback Number	Feed	ence for back entiality No	Legislation Title (Please indicate A, B, C, D, E, or General)	Regulation Number / General	Feedback
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