
7.1 Appendix 1 Medical Information Request Form 附录 1 MIR 表

Medical information may also be obtained via email at: RA-JNJCNMP-Medical@its.jnj.com
医学信息亦可通过电子邮件申请: RA-JNJCNMP-Medical@its.jnj.com

TO 收件人: Medical Affairs Department 医学事务部

FAX 传真: 021-3337 9262

Date 日期: _____

FROM: REQUESTING HEALTHCARE PROFESSIONAL 申请人

Doctor 医生 Nurse 护士 Pharmacist 药师 Other 其他

Title 职务: _____

Institution 医院/Office 诊所: _____

Address 地址: _____

City 城市: _____

State 省 (if applicable 如适用): _____

Zip 邮编(if applicable 如适用): _____

Telephone 电话: _____

FAX 传真: _____

Email address 电子邮件: _____ @ _____

Name of Company Sales Representative 公司销售姓名 (if applicable 如适用): _____

Desired response method 期望的答复方式 (circle one 选择一项):

Mail 邮件 Fax 传真 Phone 电话 Email 电子邮件
 Meeting with Medical Affairs representative 当面拜访

Requestor's signature 申请人签名*: _____ (*Required for Processing 必填)

PRODUCT BEING ENQUIRED ABOUT 请求涉及产品:

Please send medical information on the following topic(s): [please be as specific as possible with respect to product topic, area of use, outcome of interest etc.] 请按以下主题提出医学信息申请: [尽可能精确描述涉及产品, 使用领域, 感兴趣的结果等]

QUESTION 问题:

Adverse Event Reporting 不良事件报告

Remember to contact the local representative in case any adverse event or product quality complaint occurs while using our product and comply with your local regulations for notification.

在使用我们产品时, 如果发生不良事件或者产品质量投诉时, 请联系当地销售代表并遵循当地法规进行报告。