



Version 1.0

APPLICATION FORM – LUNDBECK MEDICINAL PRODUCT DONATION

Date: (yyyy/mm/dd)	
Name of applicant organisation and type of organisation: (Healthcare organisation, hospital, etc.)	
Address of applicant: (Physical address)	
Contact person's full name, phone number and email address:	
Purpose and scope of the requested Medicinal Product Donation: (Thorough description - to verify if Lundbeck can support the purpose and also to understand the scope of activities)	
Medicinal product specification and requested volume:	
Time frame of the supported activity: (A "one-off" activity or support over a limited time period, etc.)	
Other information or supporting documentation that the applicant deems important for the application: (Please attach documents to the application if necessary)	