**Therapeutic Products Consultation: Submitter Profile**

If you elect not to use the online tool to complete your submission, please ensure you complete the following submitter profile form and send in via email with your submission.

Individual  Organisation   
 **Name (of individual or organisation):** Click here to enter text.   
 **Email address:** Click here to enter text.   
  
**Profile (tick all that apply)**Perspective Consumer  Disabled person  Māori  Pacific peoples

Other Click here to enter text. Industry Industry body  
 Advertising  
 Retailer (non-pharmacy)

**Importer**  
 Medical devices  
 Medicines  
 Cells and tissues  
 Active ingredients  
 Veterinary medicines

**Manufacturer**  
 Medical devices  
 Medicines  
 Cells and tissues  
 Active ingredients  
 Veterinary medicines

**Wholesaler**  
 Medical devices  
 Medicines

Health sector Professional body (eg, Colleges, Pharmaceutical Society etc)  
 Health service provider (eg, Ambulance, Māori or Pacific health provider etc)  
 Private hospital  
 Pharmacy organisation  
 District Health Board (DHB) - please state which service area: Click here to enter text.

**Health practitioner**

Pharmacist  
 Nurse  
 Midwife  
 Dentist  
 Surgeon  
 Optometrist  
 Dietician  
 Medical practitioner (excluding Surgeons)

Other health practitioner (please comment) Click here to enter text.

Clinical trials Medicines (other than cell and tissue)  
 Medical devices  
 Cells and tissues  
 Trial ethics

Other  
 Government agency  
 Crown entity  
 NGOs  
 Veterinarian  
 Other (please comment) Click here to enter text.

**Official Information Act statement**

Your submission may be requested under the Official Information Act 1982. If this happens, the Ministry will normally release your submission to the person who asks for it. If you consider there are good reasons to withhold it, please clearly indicate these in your submission.