



## **FEI PROHIBITED LIST SUGGESTIONS FOR 2013**

**Deadline for Submission: 30 March 2012**

### **Contact Details**

**Name:**

**Email:**

**Telephone:**

**Country/ National Federation:**

**Position:**

**Substance Details** (provide as much of the following information as possible)

**Substance Generic or Chemical Name:**

**Trade Name:**

**Preparation/s** (injectable, oral, topical, etc):

**Type of Drug** (e.g. NSAID, sedative, biologic):

**Current Classification** please tick one only:

Banned Substance      Controlled Medication      Not Listed

**Suggested Classification/ Change** please tick one only:

Banned Substance      Controlled Medication      Removal

**Describe clinical usage/s and application:**



**Specific Reasoning for Inclusion/ Removal/ Recommended Classification on The List.**

Please provide specific explanation, including the scientific rationale and where possible peer-reviewed references, supporting your suggestion. Please continue on further pages where necessary.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please complete all fields, save a copy for your record and click on the Submit button below.**