



**FORM FOR REGISTRATION/CHANGE OF REGISTRATION – VIGIMED**

**( ) Sponsor**

**( ) ORPC**

	<i>Sponsor Data (Company Name)</i>		<i>ORPC data (Company Name), if applicable</i>	
1	CNPJ:	2	CNPJ	
	Telephone:		Telephone:	
3	Sender Identifier <i>Note: Use the Trade Name, if possible. The sender ID will be used to identify the company in VigiMed. For companies that will import E2B XML, the sender ID is the Sender Identifier (Data Element N.2.r.2 Message Sender Identifier, from the ICH E2B Guide).</i>			
4	Company name abbreviation (short name) <i>Note: the abbreviation of the company name will be used in the Notification Identification, following the structure: BR-CompanyName-NotificationNumber (Data element C.1.1 Sender's (case) Safety Report Unique Identifier, from the ICH E2B Guide)</i>			
5	Do you have a MedDRA License: ( ) YES ( ) NO			
6	Do you have a WHODrug License: ( ) YES ( ) NO			
<i>Data of the Person Responsible for Notification – User 1</i>				
7	Full name:			
8	E-mail:	Note (if necessary):		
9	CPF:			
<i>Data of the Person Responsible for Notification – User 2</i>				
10	Full name:			
11	E-mail:	Note (if necessary):		
12	CPF:			
<i>Data of the Person Responsible for Notification – User 3</i>				
13	Full name:			
14	E-mail:	Note (if necessary):		
15	CPF:			