

**PRELIMINARY MARKET CONSULTATION FOR THE “SERVICE OF
REGISTRATION AND PROMOTION OF THE ADHERENCE TO
MEDICATIONS IN ELDERLY PATIENTS (SAMPA)”**

REQUEST FOR CLARIFICATIONS AND REQUIERES FORM

Date of submission of the query/queries	
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Company/ Organization	
Contact person for communications (name and surname)	
Telephone	e-mail

Requieres

Others Request for clarification or query