## MEMBER\_STATE\_NAME

M	Source of information Name of MP Unauthorised MP? Condition / disease Treatment / prevention / diagnosis? Formulation Setting Age group Route of a								
Member State	Source of Information	Name of MP	Unauthorised MP?	Condition / disease	reatment / prevention / diagnosis?	Formulation	Setting	Age group	Route of administration
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## MEMBER\_STATE\_NAME

Dose and / or dose range	Treatment duration	Estimate of extent of use	This use authorised?	This use off-label?	Authorised indication(s)	Information on safety