

**SUE FORM B: TRANSMISSION OF SUE BY COMPETENT AUTHORITY
TO OTHER COMPETENT AUTHORITIES AND RESPONSIBLE PERSON**
(according to Article 23 of Regulation (EC) No 1223/2009 on cosmetic products)

1) Case report

Competent Authority Case Identification Number:

Report type: Initial Follow-up Final

Date received by Competent Authority: / /

Sending date to the other Competent Authorities/Responsible Person: / /

2) Competent Authority

Member State:

Competent Authority name:

Address and local contact details:

3) Suspected product

Full name:

Company:

Notification number:

4) Competent Authority summary

a) Narrative

b) Follow-up

c) Responsible Person causality assessment

Very likely Likely Not clearly attributable Unlikely Excluded Unassessable

d) Competent Authority causality assessment (if appropriate)

Very likely Likely Not clearly attributable Unlikely Excluded Unassessable

e) Corrective actions

Yes No *If yes, specify:*

f) Comments

5) Attachments

form A

other: _____