



FDA Records Receipt Confirmation

Requesting Office Street Address	City	State	Zip Code
To: Name of Individual	Title of Individual		Date of Request
Firm Name			
Firm Street Address	City	State	Zip Code
Country			

This constitutes a confirmation of receipt of records requested under the Federal Food, Drug, and Cosmetic Act section 704(a)(4) [21 U.S.C. 374(a)(4)]. This confirmation affirms only that FDA has received the records submitted. It does not imply that the records submitted are complete, responsive, or otherwise satisfy the request.

DESCRIPTION OF RECORDS REQUESTED

FDA is requesting the records and/or other information identified above to:

- Prepare for an inspection
- Collect in advance of an establishment's voluntary participation for scheduled Remote Interactive Evaluation
- Follow-up to _____
- Assist with the review of the marketing submission for _____
- Verify whether your establishment, site, or facility has corrected deficiencies observed during _____
- Collect information about _____
- Other (specify): _____

The above-described records were received on (date) _____

FDA Contact Email	FDA Contact Phone Number
Typed Name and Title of FDA Contact	Signature of FDA Contact