

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration



FDA Records Request

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		I		
Under section 704(a)(4) of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 374(a)(4)], FDA requests that you provide the records described below. If the records requested do not exist, please state that fact in your response.				
DESCRIPTION OF RECORDS REQUESTED				
FDA is requesting the records and/or other info Prepare for an inspection Collect in advance of an establishment's v Follow-up to Assist with the review of the marketing sut Verify whether your establishment, site, or Collect information about Other (specify):	oluntary participation for sche	ncies observed during		
Please submit the above-described records unable to send via email and would rather se				
If the primary language of the records reques of the records verified to be complete and ac qualifications of the person making the trans	ccurate, together with the na	me, address, and a brie		
If you have any questions or concerns regard contact the FDA contact named below.	ding your ability to respond t	o this request by the spe	ecified date, please	
Failure to submit the requested records by the date requested may cause your product to be adulterated within the meaning of section 501(j) of the Federal Food, Drug, and Cosmetic Act (FD&C Act) [21 U.S.C. 351(j)].				
See attachment for any additional records requested				

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