	Page 1
1	FOOD AND DRUG ADMINISTRATION (FDA)
2	CENTER FOR DRUG EVALUATION AND RESEARCH (CDER)
3	
4	Electronic Submission of Adverse Event Reports to FDA
5	Adverse Event Reporting System (FAERS) using
б	International Council for Harmonization (ICH) E2B(R3)
7	Standards
8	
9	Docket No. FDA-2018-N-4002
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12	Moderated by Suranjan De, MS, MBA
13	Tuesday, April 4, 2023
14	09:00 a.m.
15	
16	
17	Location Remote Meeting
18	Baltimore, MD 21201
19	
20	Reported by: Richard Livengood
21	JOB NO.: 5672964

	Meeting April 4,	202
	Page 2	
1	APPEARANCES	
2	List of Attendees:	
3	Suranjan De, MS, MBA, Deputy Director Regulatory	
4	Science Staff (RSS), Office of Surveillance &	
5	Epidemiology (OSE), CDER, U.S FDA	
6	Y. Veronica Pei, MD, M.Ed., MPH, Lieutenant Commande:	r,
7	U.S Public Health Service, Associate Director of	
8	Biomedical Informatics, Office of New Drugs (OND),	
9	CDER, U.S FDA	
10	Jung Lee, R.Ph., MPH, Safety Officer, Division of	
11	Clinical Safety and Surveillance, Office of Safety and	nd
12	Clinical Evaluation, Office of Generic Drugs (OGD),	
13	CDER, U.S. FDA	
14	Kelley Simms, PharmD, MS, BCPS, Regulatory Policy	
15	Analyst Regulatory Affairs Staff (RAS), OSE, CDER,	
16	U.S. FDA	
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2									PAGE
3	Suranjan De						4-105	, 126-174,	178-188
4	Dr. Y. Veronica Pei							105-113,	174-175
5	Jung Lee							114-126,	175-178
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	Meeting April 4, 2023
	Page 4
1	PROCEEDINGS
2	THE REPORTER: This is Tuesday, April
3	4, 2023, at 9:00 a.m.
4	MR. DE: All right. It's nine o'clock.
5	All right. Good morning everyone and
6	welcome to the first ECOM meeting in 2023.
7	So we are excited to discuss reporting
8	pre-market and post-market safety reports to FDA using
9	ICH E2B(R3) standards. My name is Suranjan De, and I
10	am the Deputy Director of Regulatory Science and
11	Office of Surveillance and Epidemiology in CDER, FDA.
12	So welcome, everyone.
13	If you don't have the link to the site,
14	you can go to the FDA meeting page and you will see
15	the Zoom link there to be able to connect, so.
16	Okay. So we can go to the next slide.
17	This is the disclosure as well as the second overview.
18	So what I'm going to be able to talk
19	today, certain review requirements for submitting
20	safety reports for IND-exempt BA/BE studies and
21	approve drug and eligible biologic products, excluding

1 vaccine, we're not going to be talking about vaccine, 2 using the ICH E2B(R3) format and submission records 3 and the -- and we will highlight the regional 4 extensions and talk a little bit about the 5 implementation plan.

Today's objective is to recognize that 6 7 FDA will require the working of IND and post-market safety reports to be submitted and ICH E2B(R3) format. 8 9 We can let you know when that all will happen in the implementation and that via FAERS, the Gateway or 10 through the safety reporting portal and understand the 11 12 detailed regional data elements that are key for post-13 market IND and IND-exempt BA/BE safety reporting. 14 Okay.

15 So before we go, I go into introducing 16 the speakers, I want to communicate some housekeeping 17 This meeting is for about six hours from 9 to items. 18 We going to have two short breaks and one 3 p.m. lunch break. And you can submit your questions in the 19 20 chat or through the Q&A throughout the meeting and we 21 will address them during the Q&A time at the end. So

1	we have got some time at the end to talk about
2	questions and answer or response to your questions.
3	All right. So who are today's
4	speakers? So first, I am Suranjan De. I will be
5	talking about mostly on the regional requirements and
6	specifically the post-market safety reports. I will
7	also be talking about the reporting mechanisms, some
8	implementation plans. So I am the Deputy Director of
9	Regulatory Science Staff in Office of Surveillance &
10	Epidemiology in CDER.
11	And later in the afternoon after lunch,
12	we are going to have two more speakers. One will be
13	Veronica. She is going to be talking about the IND
14	Safety Reports and how they're to be reported using
15	ICH E2B(R3) standards. She's the Associate Director
16	of Biomedical Informatics in office of New Drug in
17	CDER.
18	And the third speaker is going to be
19	Jung Lee. She'll be talking about the IND-exempt
20	BA/BE Safety Reports and how they're to be reported
21	using ICH E2B(R3) standards. So and Jung Lee is a

Safety Officer in the Division of Clinical Safety and
 Surveillance, Office of Safety and Clinical Evaluation
 in the Office of Generic Drugs in CDER.

So here is the outline for 4 Okav. 5 today's meeting. So we have a packed agenda. We are going to be talking about some of the regional 6 implementation of E2B(R3). And then, also talking 7 about submission methods and mechanisms. After which 8 9 we will take a 15-minute break, so around 10:15. Then 10 we go into talking about the E2B(R3) implementation package. So this is the regional implementation 11 12 package that FDA has published on the page of the 13 FAERS Electronic Submission webpage, and we will talk about this package and will start basically sections 14 15 such that, you know, one will be relevant for pre-16 market, one will be relevant for post-market and so 17 on.

Then we will talk about the common regional extensions, so again, the regional extensions will be the regional changes and we'll go into all the different types of report is what we will talk just

before the lunch break. There will be a lunch break
 from about 11:45 to 12:30.

3 And then talk about the post-market safety reporting. So here we will go deep dive into 4 the specific elements, the regional elements for post-5 market safety reporting. Then we will have our 6 speakers for IND Safety Reporting and our speakers for 7 BA/BE studies safety reporting for generic drugs. 8 9 Next, we will talk about the validation 10 and implementation which will also include things like, you know, what are the plans of implementation 11 12 where we are right now and what are we doing. And 13 also talking about some of the rejection and warning

14 rules we will talk about here with that 15 implementation. Then we go into a small break, 15-16 minutes.

And then, the last two areas we will be more talking about, you know, the OIDs and how FDA has defined OIDs for the regional data elements and what are these OIDs and how these OIDs are defined. Then we go into talking about the regional forward

	Page 9
1	compatibility. Now this is more applicable to post-
2	market because pre-market, you know, it's all comes
3	through ECTB today. So Post-market is the only thing,
4	which is in R2, and how can you move to R3. And
5	finally, I will summarize everything and then go into
6	our Q&A. So that's the agenda for today and with
7	that, let's dive into the first slide under
8	background.
9	So to give you a little bit of
10	background in where we are, where we were and where we
11	are going towards, that is this was about a few years
12	back, about three, four years back, we had started
13	doing some work with $E2B(R2)$ and for pre-market. We
14	already had post-market. We were planning to do with
15	pre-market, then we came into the implementation of
16	FAERS and during the implementation what we realized
17	was, you know, if you do R2 with pre-market first and
18	then go to R3, it's a lot of burden.
19	So our initial plan, as the slide says,
20	that we had initially planned to implement E2B(R2) for
21	pre-market and CSR reporting and then move to the R3.

The initial plan changed and now FDA will implement
 E2B(R3) for both pre-market and post-market safety
 reports at the same time. Okay.

Now, this change was decided based on
the complexity to migrate from R2 to R3. Now, of
course, we have got some submissions from industry
where they all thought that it's better to all move to
R3 for both pre-market and post-market.

9 So this change pushed the timelines as 10 there were dependencies like update and clearance of 11 the final guidance, which is a 745A. Also, we had to 12 update the technical specification, so to make sure 13 that all the regional elements that we have for the 14 pre-market safety reports were all defined and set up 15 and published.

Of course, we were dependent on vendor timelines to make sure that the regional requirements are in the tool. As we all know, everybody uses vendor tools today to do their safety reporting and manage their safety database, so we are all dependent on our vendors. So yes, we did have the dependence on

Page 10

	Page 11
1	the vendor timelines. And so with that, we had to
2	come with a new date.
3	We are still in the process of
4	implementation, so a new date for quality reporting
5	will be communicated soon on the Electronic Submission
6	webpage. Unfortunately today, I cannot give you a
7	date, but as we are working through the
8	implementation, we will provide you a date as we come
9	closer with our implementation.
10	But remember that, any kind of
11	implementation, such implementation, once the Agency
12	FDA implements and our sponsors had over two years to
13	implement from their side, so you will have ample time
14	to do the implementation, so. So once we have a date
15	a fixed date, we will definitely communicate that
16	date.
17	All right. So next, let's talk about
18	the regional implementation. There are some important
19	items that we need to discuss in the regional
20	implementation. And so the first item is a standard
21	status supporter. So standard status support, the E2B

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	Page 12
1	standards that everyone supports is E2B(R3) for pre-
2	market, both (R2) and (R3) for post-market.
3	At some point, when people were
4	gathering the submission of post-market reports in
5	(R2) format and this data's yet to be decided. And
6	this will be, this data will be decided based on how
7	soon companies move over from (R2) to (R3). So based
8	on that, we will decide a date and communicate that
9	date. Okay.
10	Additionally, the information about
11	E2B(R3) testing and implementation will be made
12	available on the FAERS Product Submission page. We're
13	going to talk about the standard implementation. What
14	we're talking about is how do you prepare with
15	E2B(R3). You will want to test with the Agency. And
16	so the information about that testing will be made
17	available.
18	This testing would typically be done
19	using the Gateway, okay. And this Gateway you will
20	have, most of the companies, I think, sponsors do have
21	a pre-production, or a test account and the same test

1	account can be used to do the testing, except that the
2	login ID would have some change, especially for pre-
3	market, and I will talk about what those login IDs are
4	or the AS2 headers are. But that is what will be
5	posted. Some of the information has already been
6	posted on the technical documentation, which you can
7	always look at.
8	One definition is we call as a regional
9	extension. So every time you will see in every
10	technical specification document, this word, "regional
11	extensions" are mentioned. What does it mean? It
12	refers to FDA's data elements and terminologies
13	submitted in the ICSR file in addition to the ICH
14	E2B(R3) data elements.
15	So many times, you may hear me talking
16	about four ICH elements, so these are the elements
17	that were defined by ICH and regional extension, or
18	regional requirements are the specific requirements
19	that FDA has.
20	Next is, as we move through the
21	implementation, there is a recommendation we want to

Page 1	1	4
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1	review. And the recommendation is that whenever you
2	create an XML file, there is, you know, a data
3	element. There is a value called display name. We
4	recommend that to facility human and computer system
5	identification and understanding, if you can put the
6	display name with the name of the field will really
7	help us in understanding, you know, if there was any
8	issue with XML and understanding the XML. So a small
9	example is given at the bottom in the left corner
10	where we display the ethnic group, so the display name
11	is ethnic group basically displays the name of the
12	field. Okay.
13	And lastly, this is one very important
14	thing to remember, things appear, are the are, you
15	know, the SUR what would be you submit to FDA. This
16	is the scripted portion of the safety analysis. The
17	scripted portion must be submitted using eCTD. Okay.
18	The scripted portion cannot be submitted through
19	FAERS. I have had many questions asking about the
20	FAERS, you know, will that change? And the answer is
21	no. That is not going to change. You will continue

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1	to submit the scripted portion to eCTD. But E2B (R3)
2	ICSRs will come to FAERS, so please know, remember
3	that. And this is very important and just making sure
4	that we all understand. And please do not submit the
5	E2B (R3) ICSR, which are those XML files to the eCTD.
б	You may get the MDN first, but you will not get the
7	second acknowledgement and that will be something
8	that, you know, that can go nowhere.
9	Okay. All right. So moving ahead,
10	acknowledgements. So acknowledgement of the two
11	acknowledgements that you will get, the first
12	acknowledgement is the FDA's message, delivery
13	notification, which we in shop call this as an MDN,
14	which comes from the Gateway. And the second
15	acknowledgement will be the acknowledgement that you
16	will get after FAERS has processed the data of XML
17	file, has passed and processed, and the second
18	acknowledgement come after that. We hope to we
19	have send the second acknowledgement within 24 hours
20	of your submission. You know, you could get
21	acknowledgement sooner, but it all depends upon the

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1	size of the file, as we all know it to be (R3) XMLS
2	have now increased in size as part of embedded
3	attachments and, of course, how many ICSRs are you
4	sending in a batch. Based upon that, we're saying
5	that within 24 hours you should get an
6	acknowledgement, but you could get it sooner.
7	There was one change in the
8	acknowledgement message that we have updated as a
9	regional need or a regional extension. That's the
10	data element ACK.B.r.7, which is for error or warning
11	message or comment. So the maximum length, I think,
12	was 250 characters. We have extended that to 2000
13	characters so that we can accommodate, you know, more
14	messages if there were issues with the files. And
15	also that we have errors and warnings, and we will go
16	over what those errors and warnings in one of the
17	slides, but they're basically that errors means, you
18	know, the file will be rejected, and warnings means,
19	you know, we will give a warning, but we will still
20	accept the file. Hoping that sponsors will correct
21	the data in the next follow up. Okay?

1	And for information on ICH and regional
2	extensions, please refer to the E2B (R3) for regional
3	data elements and positions. Now, I will basically
4	pause the slides here and kind of go into go into
5	explaining you a little more about what the E2B (R4)
6	regional and data elements in business rules are.
7	So here, this is an Excel spreadsheet.

And this Excel spreadsheet, and all of this document 8 9 is available on the FAERS on the Product Submission 10 page on FDA.gov. This is an Excel spreadsheet listing all data elements, their attributes, their 11 12 conformance, the business rules, the rejection and warnings and the x-facts. This document is the key 13 14 document for implementation. This document, also you will see that the ICH data elements has a source --15 16 The data elements has a source that will say sorry. 17 either ICH or FDA.

18 If it says ICH, the piece is set-up up 19 for ICH data elements. If it says FDA, that means 20 it's a regional data element. Every -- has an element 21 number and an element description. The element number

1	that starts with a prefix of FDA has other FDA
2	regional extensions. But also there are some data
3	element which are the core ICH data element in
4	conformance with they after due to regional extensions
5	or regional needs, and they are usually yeah. And
6	they are usually noted in this particular spreadsheet.
7	Also, this data elements spreadsheet
8	also list down all the observation codes for the
9	regional elements. It will also list the rules, which
10	are the warning rules, rejection rules, and it'll tell
11	you what the message for these if these rules are
12	not complied with, what kind of message will you get.
13	And exactly that the message that will come in that
14	data feed, ACK.B.r.7. And it will tell you the
15	different messages for each of the rules. And then
16	there are some standard messages that you will also
17	see, which talks about, you know, if a data feed was
18	required but was not submitted, if a data feed did not
19	comply to a list of observation codes, or a data feed
20	went when the value was created and what's in the

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specification. So those are some general rules that

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1	you will see in this document. And also, rules that
2	this document is the key document for this
3	implementation, because everything about the data in
4	this document is there. And also out recommendation
5	would be also that as you are doing an implementation,
6	if you find anything that is that the grid will not
7	be proper may not be set-up right or maybe the
8	message is not very clear, please let us know and we
9	will work through this with you to, you know, update
10	this because we are in the process of making sure that
11	as we go through we correct things, we have to correct
12	things, and then do it right. So this is a very
13	important document for everyone to use.
14	All right. The FDA data element
15	conformance, as I said already, and one most important
16	thing is that we have got many questions asking that
17	when we will accept the country code of EU. And as
18	things are going getting looks like difficult
19	with the EU where they do not want to disclose some of
20	the data elements, the country code UE is acceptable
21	to FDA. We have to have spot of our codeless value

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and for different data points where country code is
 used, yes, EU is acceptable. Okay.

3 We also have got messages from, as we talk about the country code, EU, we also have got 4 messages that EU coming up with all these rules. 5 How would -- how will that impact FDA. As we go through 6 this, we also working with the -- and this all started 7 with vaccine reporting, but we are working with the EU 8 9 to come up with some kind of resolution for these 10 types of -- for these types of rules where things have to be adapted to send to other regulators, including 11 12 So we are working with them and hopefully we'll us. 13 come with some solutions very soon. So until then, you know, whatever you have, keep submitting that to 14 15 us. 16 All right. The controlled

17 terminologies. So controlled terminologies. So these 18 are kind of dictionaries and -- and kind of are also, 19 you know, data -- data that we use in our ICSRs. And 20 we also look at, you know, some of the, you know, 21 attributes and like codeless observation codes for

which we use controlled terminologies. So these are
 the list of controlled terminologies that FDA's using,
 so we have it in CIA Enterprise Vocabulary Service - Vocabulary Services.

Now this is used, particularly for many 5 of our regional elements that we have and that's where 6 7 we point at the relevant two. And as we all know that controlled terminologies are used because we as ICH or 8 9 FDA, to not want to keep controlled terminologies 10 because if there's any change, we have to worry about that change, versus if we have standard organizations 11 12 who manage these terminologies we respond to them, and 13 they have the responsibility to manage those 14 terminologies. So in set-up, EVS as a set-up is 15 mostly for our regional elements that we have used. 16 Each of the terminology, actually datapoint, data 17 element, you know, they will have you see a C code to 18 start with the alphabet capital C and then a number. So every reference on the technical specs of the 19 20 spreadsheet, if you see that C code, that means it has 21 been taken from NCA EVS.

1	We all know by drug, which we use for
2	coding our events, our tests, results, pre-existing
3	conditions and so on and so forth. You have UCUM
4	codes in the measures. So that is, again, we use the
5	UCUM codes. EDQM for a lot of our administration and
б	dosage form. Then we have device for our code, the
7	ProCodes that we use. Then we have device common
8	codes, that is also we are using, so we have the IND
9	and the FDA codes so any of those codes can be used.
10	Then we have the Global Substance
11	Registration System, which is the GSRS, so we using
12	the unique codes from there for the substance ids.
13	And then, of course, we use a Structured Product
14	Labeling, so this is something that is used for mostly
15	the post-market reports so this is also, we will go
16	into this Structured Product Labeling, so I will also
17	recommend that, you know, this will have a Structured
18	Product Labeling as your submitting because based on
19	the name that you submit with the SPL, that's the
20	naming you use to populate our dictionaries and the
21	make sure that when the reports come in, ICSRs, we

1	call to that product and many times we do see that the
2	name in the Structured Product Labeling does not match
3	with the name that has been submitted with the ICSR.
4	So this is a request to the sponsors that please have
5	them check and that and make sure that the ICSRs that
6	you submit and the product names that are in the ICSRs
7	match with the names that are in the SPL that are
8	submitted.
9	So I scheduled in a few views of the
10	controlled knowledges are noted and defined in the
11	relevant section of the technical specification.
12	Okay?
13	All right. Go to the next slide.
14	Okay. Here we will talk about submission methods and
15	mechanisms. So with submission methods and mechanisms
16	and this is a very important topic here, because as we
17	go into implementing E2B (R3) for pre-market, you
18	know, we have to have come up with new, you know,
19	mechanisms of solution. So we actually have three
20	methods. So here's the first method option A, which
21	is via database-to-database transmission. So we call

April 4, 2023

1	this a database-to-database transmission is nothing
2	but you submitting through the Gateway. Okay. So you
3	would have a sponsor, the sponsor would submit and
4	XML, and E2B XML, which would come to the Gateway.
5	And the Gateway will send the first ACK, which is the
6	center of the picture that you see, ACK 1, which is
7	the MDN, which will be sent back to the sponsors.
8	This XML file is sent to FAERS and the
9	FAERS database will process that and send an
10	acknowledgement number 2. This acknowledgement 2 is
11	then, it can be sent to the Gateway by to from
12	FAERS and then the sponsors would be able to get that
13	acknowledgement 2 and the loop is closed. So this is
14	the first submission mechanism that we will have.
15	Now, this mechanism is already available today with
16	post-market safety reporting. We will use the same
17	mechanism for pre-market safety reporting, so we don't
18	have to learn anything new, except that we have to
19	have the right routing lead so that we know that pre-
20	market goes to certain, post-market goes to a certain
21	location and pre-market will go to a different

Meeting

Page 2	25
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1	location. So that they can pick it up and recognize
2	that it's a pre-market report or post-market report.
3	All right. Now, companies or sponsors
4	do not have, you know, do not have the process of
5	connecting database-to-database through the Gateway.
6	The can use option B, which is via the Safety
7	Reporting Portal. Okay. So Safety Reporting Portal
8	is where some submitters enter the ICSR manually into
9	a web-based form. Okay. And submit. In such case as
10	soon as you hit on the submit button, ICSR basically,
11	in general in the back end, that means that you do
12	this in the back end in XML and then send to the
13	Gateway and the same process happens, but in such case
14	the acknowledgement is basically an email that you
15	will get from the Safety Reporting Portal to say that
16	the report was submitted successfully, here's the
17	report information and that's very good that you can
18	keep for all that that you have submitted the report.
19	Now, Safety Reporting Portal. The only
20	problem difference between Option A and Option B is
21	that you can only submit one report at a time in the

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Page 1	26
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1	Safety Reporting Portal because that's a web-based
2	form. Okay. Now, the in Safety Reporting Portal, you
3	can also upload attachments, so that's not a problem,
4	and also requires some kind of registration. So
5	unless you have registered and received the
6	credentials, you cannot submit to the Safety Reporting
7	Portal. For database-to-database also, you have to
8	send the certificates and all that that you have to
9	do.
10	One thing in which I may want to point
11	with Option B is, you know, Option A has the web-
12	trainer which you can use for testing and especially I
13	would want to mention this for typically the tool
14	vendors. Many of the tool vendors who have asked FDA
15	that, "Hey, can we test E2B (R3) when FDA's
16	implementing this?" And we always have challenge
17	that, you know, we never give, you know, traditional
18	account to vendors. Always traditional accounts was
19	given to, you know, the sponsors. So I have verified,
20	and vendors can request for the traditional account.
21	So there is a process of requesting, which is

	Page 27
1	available on fda.gov and users can actually request
2	for a traditional account and can submit E2B (R3)
3	standard XMLs, which we can then test in FAERS.
4	Please note, that web-form account you can submit one
5	XML at a time but please note that you can only get an
6	account for testing purposes only. You will not get
7	an account for production. Only for testing purposes.
8	I think the advantage here what we saw was if one
9	vendor, you know vendors can test the vendors tools
10	are used by sponsors so indirectly, we are also able
11	to test, you know, from different sponsors, so.
12	So going to the next slide, submission
13	with XML. I added Option A and Option B as listed.
14	Submissions submitters, listed as database-to-
15	database transmission capability, may directly submit
16	ICSRs in XML format via the Electronic Submission
17	page. And Option B you will require registration,
18	you will have to receive the credentials and typically
19	when you do registration, you will fill up a
20	registration form which will ask you for your
21	organization information, who the users are going to

be, who will be submitting data. It will also ask you for on which products you will be reporting and then eventually, we will make sure that those products are in our dictionary, and then you will get a login credentials.

6 It normally takes about five to seven 7 business days to get the login credentials. So if you 8 are planning to submit to Safety Reporting Portal 9 please plan ahead so that you can -- you can get the 10 credentials on time. You request for this credential, 11 I think I have an email address, which I'm going to 12 show that to you in the later slide.

Submitters enter the ICSR information 13 14 manually into a web-based form and submit. So you 15 will see a screen, you will see, you know, what type 16 of reporting you're filling in, if it's a post-market 17 or a pre-market and then we go to a form to enter the 18 details of what the report, the patient, the suspect products and so on and so forth. The events and so on 19 20 and so forth.

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You can upload an attachment. Again,

	Page 29
1	the very important thing is please do not upload E2B
2	(R3) XML or XML attachment through Safety Reporting
3	Portal. It will that will not ger processed. So
4	please do not upload right there. And also, as I
5	said, please do not send the XMLs to the eCTD as a
6	document. Okay?
7	Submitters ISCR uploaded into FAERS
8	database, so which means once you submit, that data
9	goes into FAERS and gets loaded into the FAERS
10	database.
11	All right. Very important, highlighted
12	here in yellow. Okay. Do not submit ICSRs via both
13	options. Always stick to one option and here why is
14	why I said, sometimes how sponsors have a situation

14 why I said, sometimes how sponsors have a situation 15 where their database may be down or the Gateway may be 16 down and they will then send to us information saying 17 that, "Hey, our Gateway, we are not able to send, our 18 database is up, but we're not able to send a file so 19 for which can we get an account to Safety Reporting 20 Portal and be able to participate through the Safety 21 Reporting Portal?" Now, that creates a problem

because once you submit to the Safety Reporting Portal 1 that report will go in FAERS, and then the next follow 2 3 up you will try to run through the database from database, when the connection is up and running, you 4 5 will submit to that. Now, that creates multiple versions in our database. 6 So we say that please do not use both methods, unless -- unless there is a dire 7 situation where your database in your organization --8 9 a database in your organization is down due to attack and that -- and that you are not able to operate your 10 In such case, we may give you, it's not 11 database. 12 guaranteed, but we may give you the option to use the 13 Safety Reporting Portal to submit, you know, and 14 process your reports. 15 If you have a situation where your 16 gateway isn't up and running but your safety database 17 is up and running, in such case an electronic safety 18 reporting rule mentions that you can use physical media, which means you can take your XMLs, load it on 19 20 a CD and, you know, mail it to us and we will process

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those XMLs.

Same thing would happen once we go to E2B

1	(R3), if you have that same situation. Okay. But
2	please, please do not use both methods or both options
3	to submit your reports. Always stick to one option.
4	Okay. So some other areas about on the
5	Safety Reporting Portal. So companies who would want
6	to use Safety Reporting Portal, and especially, you
7	know, we have seen CROs using Safety Reporting Portal,
8	we have seen some sponsors who have low volume reports
9	who don't want to invest on the Gateway Gateway and
10	use Safety Reporting Portal. So advantage here is
11	Safety Reporting Portal are intended for sponsors and
12	CROs without infrastructure for direct do not have
13	infrastructure, for direct database submission. So
14	and individual reports only, so you will basically
15	submit individual reports one at a time. You cannot
16	do a batch.
17	It can be used for both commercial and

It can be used for both commercial and research findings safety reportings or as we go into post/pre-market safety reporting. It can be used for both commercial and research. This is not available for vaccine reporting. So it is not intended for Meeting

	Page 52
1	vaccine reporting. Please keep that in mind.
2	If you are a CO, you will need to have
3	separate accounts for each sponsor or license holders,
4	all right, so that you can separately submit their
5	safety reports. Now, one nice part about SRP is once
6	you have submitted a report, let's say you submitted
7	an initial report, now, you have follow up report.
8	You can continue working initial report and say, "Hey,
9	I will now create a follow up." So all the
10	information from the initial report is copied over to
11	the follow up report and now the follow information
12	that you have, the new information, you just update
13	and submit. So you don't have to re-enter the report
14	from scratch, and it also keeps track of how many
15	reports were submitted for a case, that means for an
16	individual patient, and all the tracking is kept on
17	the Safety Reporting Portal.
18	So Safety Reporting Portal are there
19	for post and pre-market. Of course, we are still
20	working on the pre-market screens. So they are
21	maintained separately. So when you go into Safety

1 Reporting Portal, you will be asked that -- asked that 2 up front, you will be asked if you are submitting a 3 report for -- for post-market or pre-market. And then 4 it will take you to the right path to submit a pre-5 market or a post-market report.

What you do next, you complete an 6 7 online form. Right? And as I mentioned, do not upload into E2B (R3) XML file in SRP. 8 Okay. And you 9 have heard me mentioning this so many, many, many 10 times, because we do see happening. And so we do not want that you will submit an E2B (R3) XML to the 11 12 Safety Reporting Portal and nothing happened and 13 tomorrow you may -- you may be under -- under an 14 inspection and the inspectors may ask about those 15 specific reports. We have not processed them, so 16 please make sure that you do not upload E2B (R3) XML 17 through SRP.

You can take down my email and keep that for records because SRP, your submission is as soon as you hit the submit button is your submission done. So you, after that, it's not -- it's not your

1	problem, it's FDA's process to to, you know, pass
2	the report and making sure it's put into FAERS. So as
3	you submit you will create email account with same
4	ACK, saying here is the report that you submit.

5 All right. Next slide. All right. So we are doing some changes for SRP. So SRP as we know 6 is based on MedWatch 3500A. There are some changes 7 that has come to the specific 3500A based on the last 8 9 reauthorization. So some of those changes to get 10 included in the 3500A. So we performed some update to 11 include pre-market questionnaires. So everything in 12 SRP, we call it as a questionnaire or we call it as, 13 in short, we call it as rational questionnaire for RQ. 14 And when the time post-market questionnaire updates on 15 what we are doing is to accommodate the E2B (R3) 16 Because, as you know, that the current SRP structure. 17 for postmark a questionnaire that we have has datapoints that fit into the (R2) but doesn't fit into 18 19 the (R3). So there are some changes we have to do to the questionnaire to make sure it follows direct into 20 21 the (R3) structure so that we can get the data into

1	FAERS.
2	And of course, pre-market
3	questionnaires are being developed right now. And
4	then once this is ready, as I said, the availability
5	for SRP and E2B (R3) via the Gateway for pre-market
б	submissions will be available at the same time. So
7	when we are ready with E2B (R3) at the same time, we
8	will also be launching the ESRP post/pre-market
9	questionnaires so that companies can actually use
10	that.
11	As always, SRP is free. There's no
12	adverse cost to use. And to request for an account
13	for SRP you will submit an email to the
14	FAERSESUB@fda.hhs.gov. So this is one email address
15	pretty much everybody knows because we do get a lot of
16	questions here. So this is the email address you will
17	use for request for SRP account.
18	Now, there was a question that came if
19	SRP comes in, you know, will that have any action to
20	be required by existing SRP users? No. For existing
21	SRP users who were using are users who are using

1	SRP for post-market reporting, there is no change for
2	you. Now, you as a user also want to report on pre-
3	market, well, you will have access to report on pre-
4	market, you know, same data points. That means you
5	will get a pre-market questionnaire. If you don't
6	have any any INDs to be reported and you're only
7	reporting on post-market, you just continue the way
8	you continue today and there's no action or change
9	required from your side.
10	All right. So let's go into the
11	Gateway submission. And so we all know that for
12	Gateway submission we submit the post-market safety
13	reporting. You have the AE2 header and the routing
14	IDs. We do not need any change to those values. We
15	are keeping those values as is, we don't want to
16	destruct anything, and we want to keep as is.
17	Now, we going to have pre-market safety
18	reporting. And when we have pre-market safety
19	reporting, we have pre-market safety reporting for
20	both CDER and CBER. All right. So because it's for
21	CDER and CBER, we have to separate that out for CDER

and for CBER. Now post-marketing, we do have, you know, we do have therapeutic binarities and all that, we really don't want to disrupt anything, we want to just keep it as is. Of course, vaccine reporting is now here and we're not talking about that here. They are separate reporting for to theirs.

7 Pre-market, you have a CDER, you have Now, what we are not saying here is 8 CDER and CBER. 9 for pre-market CDER we have now we have two new data attributes and log-in IDs for pre-market safety 10 11 reports. And the pathway, it's two pathways, that 12 allow separation for pre-market and post-market. Within pre-market the A and B have two separate 13 14 pathways, one for CDER, one for CBER. And also we --15 we understand that for CDER and CBER we had to do it 16 separately because we also realized that some, mainly 17 numbers, are the same for CDER and CBER, and so we 18 want to make sure that they are separated out. So as 19 a sponsor, you would know that it is a CDER ID or a 20 CBER ID, and accordingly you will set-up the AS2 21 header to right drop in ID and submit.

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	Page 38
1	Now, very important, rejection. Will
2	occur if pre-market reports incorrectly submitted to
3	post-market pathway. And post-market reports
4	incorrectly submitted to the pre-market pathway. Now,
5	this login ensures doing this rejection is that we
6	then do not publish a pre-market report publicly.
7	It's the only way to making right. Okay. Then pre-
8	market report will not be published publicly, and we
9	want to do that. We do not want pre-market reports to
10	be published publicly. So please keep a note that,
11	yes, we will reject if we submit a pre-market report
12	incorrectly to the post-market and post-market report
13	to the pre-market pathway.
14	Some of the login IDs, all the
15	informations are here in the ESG Appendix J, AS2 login
16	IDs and I have the link there. And you should be able
17	to see those values for XML files and for login IDs
18	and those values are available in that link.
19	So this is a very important slide and
20	as I go through the different post-market and pre-
21	market, these values that you see for post-marketing

and for pre-marketing CDER and CBER, and initially for IND-exempt BA/BE will show up, you know, regularly in these different slides just to make sure that you all understand the relationship here and how this to be submitted.

6 Next. So the approach of how we Okay. 7 triage things here, so you have a pre-market and then your pre-market ICRS submission responses submit that. 8 9 ICRs sponsor submission, if you look at it you have 10 the AS2 header which says, this is just an example. So you have the AS2 header which has the destination 11 12 which says CDER, and the XML file is the pre-market. 13 CDER will be login ID, if you use it, the that's the 14 login ID. When that file comes and it goes to FAERS, 15 we look throughout and make sure that within is the 16 FAERS datapoint N.1.4 as the value ZZFDA_PREMKT, and 17 N.2.r.3 says it's a CDER IND. And, of course, the 18 other two fields are basically some examples of IND 19 number and so and so. But that is very important that 20 when you submit through the Gateway that those 21 headers, we are expecting that the XML file has N.1.4

1	AND N.2.r.3, those values there. Okay?
2	Now, the next one is if it was a CBER
3	one, then you see there the destination says CBER, the
4	XML file says pre-market CBER, and the login IDs would
5	say FDAS pre-market CBER. So what we expecting is the
6	XML file would have and run for as ZZLP_PREMKT, so
7	that tells me it's a pre-market and within pre-market,
8	N.2.r.3, tells me CBER ID, that means I know what this
9	is for, CBER. And similarly for post-market and you
10	will have destination as CDER and when it comes to
11	filling in the XML file, expect ZZFDA and CDER. So
12	for post-market ICSR destination is same for CBER.
13	CBER we are not in any kind of differentiation there.
14	And this type of submission, this way
15	of submission is important so that we can submit out
16	the pre-market and post-market report and I believe,
17	eventually, I will be define what the IND number is
18	because our review as medical officers get these
19	reports based on the IND number. So here is what we
20	have for the post-market side. So it is very
21	important that this relationship is maintained all the

way from the sponsor submission to the XML file and so
 that we do not have to reject it.

3 Okay. All right. So now, this is a very important table. See if we can get one down. 4 So we will be talking about the section N.1, which is a 5 ICH ISCR transmission identification. Two important 6 7 fields here. N.1.4, the previous slide we talked about N.1.4. What is N.1.4, it's a batch receiver 8 9 identifier and we talk to N.2.R.3, and that is a message receiver identifier. So this table is a very 10 important table. So let me go over this table and try 11 12 to explain this table -- what this table tells you. 13 So this table explains the attribute 14 values that must be used in submitting the CDER IND 15 ICSRs, so INDs that are for CDER. CBER IND ICSRs, 16 INDs that are for CBER and the CBER IND-exempt bioavailability and bioequivalent ICSRs, strictly 17 18 post-market ICSRs. So there are four rows here, but 19 the top three rows are for pre-market and the last row

20

is for post-market.

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So this is not showing the entire

relationship between the AS2 header and the E2B data 1 2 field. The code to data value field that we have. So 3 the AS2 header on the routing ID defines the ESG folder where the XML files will be routed to. 4 So as soon as you say the AS2 header or routing ID, the --5 our Gateway exactly knows where to drop the XML file, 6 which folder to drop the XML file. Once the XML files 7 are dropped in the folder, that's when FAERS will go 8 9 and pick it up from those folders and process them, general acknowledgement and sent it back to the 10 11 Gateway. 12 So when things imports the XML file

13 from the folder. Okay. Where CDER ID or ID-exempt 14 are stored. Right? FAERS will verify that the value 15 for, anyone for an N.2.r.3 are ask for the values in 16 the table. So what does that mean? That means that 17 let's say a sponsor is submitting a CDER ID ICSR 18 through AS2 header. So yes, that's the header that's 19 like a part of the envelope, and in the front of the 20 envelope it says that this destination is CDER, and 21 the XML files is PRMKT_8 and this for PREMKT_CDER.

Page -	43
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1	Okay. Great. And within that envelope, there is a
2	letter. The letter is the XML file, and that XML file
3	has got the values in there N.1.4 and N.2.r.3. Now,
4	if N.1.4 says ZZFDA_PREMKT AND N.2.r.3 says CDER_IND,
5	everything looks good. Okay? There will be no
6	rejections. But let's say the AS2 header was for CDER
7	ID ISCR and now, N.1.4 says ZZFDA_PREMKT but N.2.r.3
8	says CBER_IND, then you will get a rejection because
9	you plan to submit an IND CDER IND. So the
10	envelope it says CDER IND, but inside the envelope,
11	the letter says it's a CBER ID, so you will get a
12	rejection.
13	Same if you try to take the CBER AS2
14	header or login ID, let's say you have a routing ID
15	that says FDAS PREMKT CBER, N.1.4 is standard for all
16	the three types of pre-market that say ZZFDA_PRMKT.
17	But if you say CDER IND or login ID which is FDAS
18	PREMKT CBER, you will get a rejection because you're
19	trying to submit a CBER IND datapoint, which is in the

19 trying to submit a CBER IND datapoint, which is in the 20 envelope, which is all the envelope, but inside the 21 envelope, the letter says CBER IND and so it does not

1 match, it's unknown, it will rejection. And same for 2 how it happen for post-market versus pre-market. You 3 could submit through AS2 header data which says AS 4 PREMKT CDER, then we will be submitting N.1.4 as ZZFDA 5 and N.2.r.3 as CDER, you're going to get a rejection. 6 Now, all these type of rejections and,

7 you know, exceptions have been set-up up, but keeping in mind that by no means in no way pre-market reports 8 9 are published publicly because we all know post-market 10 reports are published publicly as we water, and we do not want this to happen with pre-market report. 11 Now, 12 and also responsibility lies on the sponsor to 13 maintain this because we can do so much with our check 14 at the FDA but if sponsors or the manufacturers who 15 are submitting the reports do not take care of this, 16 you know, something may fall through the crack because 17 as much as test and as much as rules you apply, you 18 know, that still could be some reports that can fall 19 to the crack and mess up potential on to both sides, 20 you know? Well towards maintaining these rules and 21 set-up this and combine to these rules.

Page	45

1	So I have some rules here which I want
2	to mention here that is, please note that if message
3	receiver identifier, which is the data element
4	N.2.r.3, is CDER. Okay. So N.2.r.3 is CDER then the
5	batch receiver identifier data element, N.1.4, must be
б	ZZFDA. So there is also a rule, a rule looking at the
7	AS2 headers where it has come to which folder versus
8	N.1.4 and N.2.r.3, but also there are rules between
9	the ICH data element N.1.4 and N.2.r.3. But these
10	values also note are not the mixed values or
11	observation codes, these are values which we are
12	imposing on me asking as a regional extension to use
13	in N.1.4 and N.2.r.2, because we all know N.1.4 and
14	N.2.r.3 are like free text data fields. So please
15	make sure that these values are appropriately in there
16	because if you have a have a mistake with the
17	alphabets or a typo, you know, that can create a
18	rejection. So please make sure that those values are
19	appropriately set up.
20	So as I said that there are checks
21	between the data elements, which is N.1.4 and the

1	N.2.r.3. If you have CDER, make sure it's ZZFDA.	If
2	it is ZZFDA, then make sure that N.2.r.3 is CDER.	
3	Okay. This is very important.	

4 Submitting the message receiver identifier N.2.r.3, if it is CDER IND or CBER IND or 5 CDER IND-exempt BA/BE, then the batch receiver 6 7 identifier data element, N.1.4, must be ZZFDA PREMKT. These are some new values that we have come up with 8 9 and vise versa, that if you have ZZFDA as N.1.4, the 10 N.2.r.3 must be one of the values of CDER and this 11 IND, CBER and this IND and CDER IND-exempt BA/BE. Ιt 12 cannot be CDER. Okay?

Again, as I said that this business 13 14 rules has been defined to make sure that the different 15 way that you assure that the pre-market and post-16 market reports are clearly delineated within the pre-17 market reports and not published publicly. A few 18 reports that I'll make on the slides, this is a very 19 important slide and, you know, this whole set-up has 20 to be -- has to be put in a way so that if you don't 21 go in a main theme, this set-up, you will start

Page	47
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1	getting you will get rejections. Now, let's say
2	you have a batch of ICSRs and in that batch, you know,
3	please make sure that you have try to make
4	different batches for post-market and different
5	batches when you have pre-market for CDER, pre-market
6	for CBER ad pre-market for pre-market for IND-
7	exempt.

8 You can submit all together, but I 9 think we would -- we would prefer that you submit them 10 in different batches, don't mix the CDER with the CBER 11 or the CDER with the CDER IND-exempt BA/BE. And 12 definitely do not mix pre-market with post-market. Having the different batches also helps us and -- and 13 14 then that all the batches that you have here, that you 15 submit in batch, you know, try to keep the batch size 16 small because the bigger the batch sizes, it's going 17 to take more time so that means your acknowledgements will come probably later. It won't come sooner, so if 18 19 you can, let's say you have, you know, 300, 400, 500 files to send, send batches of let's say, a hundred, 20 21 you know max of 200 and send them as like three or

1	four batches so you will get acknowledgements	sooner
2	and faster and so on.	

3 Also that with this particular rule here, as I said, these AS2 header and login ids will 4 be available on the Appendix J, but there will be one 5 for testing and there will be one for production. 6 Ι 7 think the ones that are for testing will say something of TST or TST something like that, but those will be 8 9 used for testing and we will want to make sure that as 10 you submit through the testing site or to the testing web trader or we want to test this scenarios with you 11 12 all, so we will during the testing period, we want to 13 test that some putting in using a login id of CDER IND 14 or some reading as CBER in the XML files gets you 15 rejection. So you want to test that. And also we 16 want to test the positive side that you submitted with 17 the right routing ID, with the right N.1.4 and 18 N.2.r.3. You are getting a positive acknowledgement. 19 Same thing we will want to do for the post-market, you 20 want to interchange those values and make sure you get 21 the right rejections and also get the right values so

	Meeting April 4, 2023
	Page 49
1	that you get the right acceptance, so.
2	And with that, I think I am probably
3	four minutes before time for a break. So I guess we
4	take the break, but we come back at 10:30. Well, it
5	was not that bad. Four minutes, I guess it's okay.
6	So we will resume at 10:30, so anyone has any
7	questions, please start putting the questions in the
8	Q&A so that we will start looking at those questions
9	and answer them at the end. All right? Thank you and
10	see you at 10:30.
11	(Off the record.)
12	MR. DE: All right. So we're back from
13	a break. Hope everybody can hear and see.
14	So before the break, we talked about a
15	bit of the background, we talked about some regional
16	implementation guidelines. We went over the
17	submission methods and mechanisms, and we did talk
18	about, you know, specifically the table that I spent a
19	lot of time on, very important table. And then, you
20	know, certain things about we talked about there
21	are two options, Option A, Option B, for tests and for

basically, for testing we will only use Option A for 1 2 database-to-database, which is the Gateway for 3 testing. Option B, is basically a website, and online That will be posted, and we are not doing any 4 form. 5 testing with the companies there. That will be directly posted. 6 7 Now, after this break until lunch, we will talk about the E2B (R3) implementation package. 8 9 The implementation package, this is where I will try 10 to coordinate to the spreadsheet and if we have some Q&As on the spreadsheet, so I'll try to go into the 11 12 spreadsheet and try to show you how the spreadsheet 13 looks like and help you navigate through that 14 spreadsheet. Okay. 15 So the E2B (R3) implementation package 16 actually has four documents. One is the FDA Regional 17 Implementation Guide. This is a PDF document. The 18 purpose of the technical specification document is to assist submitters transmitting the electronic 19 20 submission with attachments, so it gives you some 21 details about what terminologies have we used and what

1	some	e kin	nd of	, you	know,	rules	that	we	will	have.	So
2	you	can	talk	about	t the	Gateway	set set	-up,	ESG	set-up	•

3 We talked a little bit about attachments, what are we accepting, what are we not 4 5 accepting, you know. It talks about something on a combination product. So it gives you an overview 6 7 about the transmission and it need to be (R3). So it describes the technical approach for submitting ICSRs 8 9 and for in completing the regionally controlled 10 technology and for implementing regional extensions that are not in the ICH Implementation Guide. 11 So that 12 is what the -- the first document is. Okay. So this 13 documents, as you see, these are all links because you 14 see that in blue. These links, if you click on it, 15 actually then takes you to -- it opens the document 16 for you, basically. And these documents are also 17 available on the FAERS Electronic Submission webpage. The second document, which I have 18 19 talked about this document previously, which is a very

21 Regional Data Elements and Business Rules. So this

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important document, which is the FDA E2B (R3) Core and

Page 51

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Page 52 whole document provides, of course, version 1.3, just because we had some updates. Soon we will have version 1.4 -- soon we will have version 1.4 and the purpose of -- the reason why we will have 1.4 is there are some changes that we had identified during an implementation, and it will be encountered in that. There was a few new ones here and there that we have identified that we are needed in the document. Ιt should be posting very soon in a week's time. So this document provides list of all ICH and FDA Regional Data Elements, data element attributes, conformance, business rules, X files and acknowledgement attributes. And some of the regional 14 data elements in this documents that detail, sponsor detail in the FDA Regional Implementation Technical Specification, planning to be out soon, which is the 17 first document at the top. So let's try to open the Excel file, which is the second document. And to open the second document, we should have to do an R-Tab and the Excel 21 file will be opened. It's R and Tab. So R-Tab and

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	Page 53
1	you go to the Excel. And is the Excel being shared?
2	UNKNOWN: Yes, it's being shared.
3	MR. DE: Okay. So thank you. I need
4	to see that, sorry, excuse me. I need to see it's
5	not coming up here.
6	All right. So right now we have the
7	Excel spreadsheet that is shared. If we look at the
8	Excel spreadsheet, there are certain columns here
9	called field identification. And just if somebody in
10	the Q&A can say that they are able to see the
11	spreadsheet, I would really appreciate that because we
12	will go a little bit into the spreadsheet. Great.
13	So in the spreadsheet, first few
14	columns are field identification. So it will tell you
15	the source and it will say if that source is a source
16	for FDA or that source is a source from ICH. It gives
17	you the field identification, the field data element
18	number, so if you see the element that starts with
19	FDA, that means it's a regional data element. Then it
20	gives you the data element name, and then, if you
21	scroll to the left, on the bottom there, the scroll

Page	54
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1	bar, yes. That it gives you the data field type.
2	Field type will tell you what is the maximum length,
3	what is the data type, which is A for Alpha and N for
4	numeric. The values that are allowed and then it goes
5	into if that was an FDA specific data element then you
6	would probably not see anything under Column H, which
7	is conformance and Column I, which is ICH business
8	rule because those are ICH conformance and ICH
9	business rules.
10	You will also see column J where under
11	post-market, this data field is required, and it give
12	you some post-market business rules for that
13	particular data field. And the next columns, which is
14	L and M are for pre-market business rules. And for
15	pre-market is the conformance is required or not
16	required, and where the conformance is for the data
17	element, which is a regional extension and then it
18	lists rules for that. And then when you go to column
19	S and P. S says it's FDA regional data element.
20	Then the next few columns are
21	nullflavor applicable, so it tells you if nullflavors

Page 5	55
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are applicable or not. And if it is so, which ones 1 2 are applicable. It gives you the OID for that 3 particular data field, which is the object identifier and that's pretty much about it. And then it tells 4 5 you which HL7 data element it actually uses in Column 6 AE. 7 So that's what this particular Excel spreadsheet will talk about. Similarly, it will show 8 9 you, you know, other the data elements in there. And 10 let's go into the Read Me Tab that in this spreadsheet. At the bottom you see Read Me on the 11

12 left-hand side of the tab. The first tab. Yes.

13 So what this says that this spreadsheet 14 provides the comprehensive view of the ICH elements, 15 so every time it will tell you what it is, so this 16 tab, which is number one, which is revision history. 17 In this spreadsheet, the revision history will tell 18 you about the changes to this document. Okay. And so this information includes the document version number, 19 date and version description. So let's go into the 20 21 revision history tab at the bottom where you have Read

Page 5	56
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1	Me, beside that. And so this is how the revision
2	history tab looks like. So we have a revision number,
3	we have a revision date, and the revision description.
4	So right now, version 1.3 we posted in January of
5	2023. We going to have one probably posted this
6	month, in next couple of weeks' time, and it will list
7	all the changes that we have had since the previous
8	version.
9	So let's go back into Read Me Tab
10	again. So the next tab after version history is the
11	ICSR data and data element. This is where this tab
12	lists all ICSR data elements and their attributes.
13	And for the comments ICH is further divided to
14	provide, you know, conformance and, you know, data
15	type, data length. We have a difference choosing
16	between post-market and pre-market because sometimes
17	the rules are different. And also further divided the
18	conformance and the business rules. So one thing to
19	note here, the absence of required data element will
20	result in a negative acknowledgement, as we have said
21	I've said before, and be rejected.

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	Page 57
1	The nullflavors are used to explain the
2	reason for the lack of the data on the required data
3	element and must be used for specific required data
4	elements as defined, if the data element value is
5	blank.
6	In case of additional required data
7	element, if the condition is true, then the absence of
8	conditional required data element will result in later
9	acknowledgement and be rejected, unless appropriate
10	nullflavor is used. So as you saw that there is some
11	nullflavors, like not applicable, no information,
12	asked but unknown. So sometimes you will have data
13	fields where you may not have a value. It's a
14	required field, but do not have a value. In such
15	case, the data element will tell you that use
16	nullflavors and that nullflavor is applicable and
17	certain data element must be used. Okay?
18	Okay. Going down this, you will have
19	I have a legend I have put for that particular tab,
20	which is ICSR data element for source. So this column
21	defines a source of the data element. Okay. For

Page 5	58
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1	regional extensions, it's marked as FDA. Then you
2	have the data element number. This column defines a
3	unique identifier for the data element and these
4	numbers, wherever you see the prefix with FDA, these
5	are the general extensions again. Data element name,
6	they give a name for the data element. Right?
7	Standard names for ICH are already there. One is the
8	max length, so it tells you it defines the length
9	of the data element, the data values the values
10	that are allowed for the data element and the
11	conformance. So conformance is conformance can be
12	required, conditional requirement optional. So the
13	conditional required the conditional required data
14	elements are required if condition mentioned in the
15	business rule is satisfied. Right? So that's how we
16	have to be used.
17	Business rules that these columns
10	define the buginess mule few the merional data element

18 define the business rule for the regional data element 19 or any deviation for the full ICH to E2B (R3) business 20 rule. Then Q&A is, these are the columns that define 21 any question and answer associated with the data

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element. We are going to have some question and 1 2 answer so we kept that column so that in future, if we 3 have questions and answers on specific data elements other than updating the spreadsheet, we can have it in 4 5 the Q&A and wanted to put the question and answer to the Q&A question. 6 7 Nullflavor applicable, as I said, these are nullflavors. And field OIDs are basically the OID 8 9 value for the data elements that are some regional 10 OIDs and then some, you know, ICH OIDs. 11 So we see the ICSR Data Element Tab. 12 So next tab is actually, the Rejection and Warning 13 So before we go to the Rejection and Warning Tab. Tab, let's read through the Read Me what that tab is 14 15 about. 16 So this tab lists business rules for 17 the regional data element and for any deviation from 18 the ICH or E2B (R3) business rules. The checkmark under the column rejection, if not met, indicates that 19 the ICSR will be rejected if the business rule is not 20 21 met with the header message in the acknowledgement.

The checkmark under the column warning if not met, indicates that the ICSR will be accepted even though the business rule is not met, with a warning message in the acknowledgement.

Then we have two columns for header ID 5 and header description columns and that describes the 6 error code and descriptions of the error and if 7 rejection error starts that with a R and warning error 8 9 ID starts with a W. So let's go to the Rejection and 10 Warnings Rule Tab. So if we look here and we should go all the way to the top, you will see that here's 11 12 the columns. So there are certain things here where 13 there are some common things that says if the thing 14 was required. Then you have a standard list that says 15 this standard number is required but not provided. Ιf 16 you have a few letter observation value is incurred 17 and so this line number contains an invalid value. Ιf 18 you have exceeded the max length, it will say that that number contains value that exceeds the max 19 20 length.

21

So similarly, now you have some data

	rage or
1	elements, other data elements are listed here and if
2	you see the columns that the business rule is
3	mentioned. If you have a check mark where it says
4	rejection if not met, so which means that for that
5	particular data element, which is N.1.4, if that is
6	not met, then there is an error message that you are
7	going to get. And that error message will be listed
8	in that, you know, ACK.B.4.r.B.8 or B.4 something,
9	which I talked about when you change from 250
10	characters to 2000 characters. So these are the
11	rules. So as we scroll down, actually, you will see
12	that there is some where the check mark is under the
13	column E, which is warning. So let's go down and we
14	should find some, yes. So there is one which is a
15	warning here. So in this case, we may not reject the
16	file, but we still give you a message hoping that the
17	next time you will correct that and not get that
18	warning message anymore. So this will list all this
19	and all the error descriptions that you see, that is
20	the information that you will see in the
21	acknowledgement file. Okay. We are not sending the

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1 error code; we are sending the error description in 2 acknowledgement file. So it will be easy for you to 3 read through. Okay?

Now let's go back into the Read Me Tab. 4 Next we have the X files. So these are the tabs that 5 list the X files based on the HL7 model for both the 6 7 ICH and the regional E2B element. X files are also defined for data elements where nullflavor is 8 9 applicable. So let's go to the X Files Tab. So if 10 you see all these, these are basically the X files. So that X file specifically we will verify to make 11 12 sure that the data elements falls in the right 13 location, the right data element is used, and these 14 are the X files that we will be using. Wherever you 15 see the source as FDA, those ones is the X files that 16 we have defined based on the HL7 model and those X 17 files needs to be used appropriately for accessible 18 submission. So that's the X files.

19 So finally, the Read Me Tab is the 20 Acknowledgement Tab. So this tab lists the element 21 for acknowledgement. So going into the

Meeting

Page 6	53
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1	acknowledgement tab, this is the acknowledgement tab
2	and if you scroll down, it takes you back to the
3	bottom, we will see that the data element was changed
4	from 250 to 2000 characters. Further, the last column
5	row states 2000 in red. So that was previously 250
6	and we have changed to 2000 characters, as I mentioned
7	previously. So in here, nothing else has changed.
8	The message will still be the same message that was
9	coming to you. And we will be ACK.B.r.7 which has
10	changed to 2000 characters, so. So this is how that
11	spreadsheet needs to be read. If you find any kind
12	of, you know, ambiguity in the spreadsheet, please
13	inform us at faersesub@fda.hhs.gov and anything that
14	you find, we will really highly appreciate if we catch
15	any issues, right now than later. Okay?
16	So with that, we will go back into the
17	slides, and can we confirm that the slides folks
18	can see the slides and the slides are shared. Okay.
19	So we talked about this particular
20	document, the second document which is the heart of
21	this whole implementation. The third document is

	Page 64
1	forward compatible rules. I will go over this in
2	another set-up of slides. This spreadsheet I have
3	taken the spreadsheet and I made those columns the
4	spreadsheet columns and I put some slides at the end
5	of this presentation just to for I think we
6	talked about that in the opening, that there will be a
7	section that we found (R2) to (R3) forward compatible
8	and that's what we'll talk about this spreadsheet. I
9	will review the spreadsheet, but I have the tables
10	already in the slides, so well will talk about that
11	then there. Then next is IND ICSR in similar
12	instance. So one of the instance, these is the list
13	of scenarios provided. As XML instructs us and
14	acknowledgement examples based on FDA (R3) Technical
15	Specification document. So this will add all the
16	regional elements also. It's a .zip file and the .zip
17	file has a Read Me.txt file describing the different
18	scenarios. So there are seven or eight scenarios, I
19	believe, and the Read Me and .txt file will tell you
20	about each and every scenario. There will be a
21	scenario relating to combination services, there will

1	be a scenario relating to IND Safety Reporting. There
2	will be a scenario relating to IND-Except BA/BE.
3	There will be a scenario between column is like a
4	metal file, which means it has got, pretty much, all
5	the elements in there. So likewise, we have all the
6	scenarios that can be used and looked at by testing
7	and so on. So we have provided some instance files,
8	which again, those instance files are different from
9	those instance files filed from ICH because this
10	instance files actually has the regional elements in
11	there. So so keeping that in mind, these instances
12	are documented and posted. Okay.
13	So with that, now we will go into some
14	common regional extensions. When I say common
15	regional extensions, these are common regional
16	extensions applicable to our Excel reports. So so
17	let's get into each and every section of this common
18	regional extensions. Okay.
19	All right. Section C1, this is
20	identification of a case safety report. Now, in the
21	document on regional extension, just know that there

Page (б	6
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1 will be some elements that are new elements that are 2 being as defined. There are some elements where some 3 business rules have changed and there are some elements where we may have changed the conformance. 4 So going into Section C1, identification of the Case 5 Safety Report, the change here is the business rule. 6 7 So you have to send the case safety report with just This is a standard ICH data element. 8 C.1.1. The 9 business rule is that use the same sender safety 10 report unique identifier for all previously submitted We will always use the same identifier for 11 reports. 12 data elements. And for data element C.1.1, that was a 13 sign to the initial ICSR when submitting follow up and 14 post follow up throughout the lifecycle of the case. 15 The reason we have put this business rule is because 16 this the value of this particular data field makes the 17 initial and follow up reports in our database. Okay. 18 So having the same number makes a new follow up and 19 the next follow up and the next follow up. So that is 20 why this particular data point is important. More 21 details about this is provided in the previous

Page 6/

document of the technical specification. And
 reasoning also has been given there.

3 The next data element is C.1.3, that 4 stands for type of report. Type of report then is a 5 rule here, as we say that if the batch receiver identifier, just N.1.4. We talked about this field so 6 7 many times now, is easier here in this pre-market, then the type of report C.1.3 must be two reports from 8 9 starting. Okay. Makes sense, right? Because it's a 10 pre-market report and two is, value two is report from -- it's also provides another level of security from 11 12 not publishing this report. Okay? So now you see the 13 two, three levels of security that we are putting in 14 so that we cannot publish this report publicly.

Now, again, you can have everything this, but the content in the report is all -- let's say you submit; the people are reading a post-market report. Our sponsors know it's a post-market report -- pre-market. That's something which we cannot know, make sure that and catch that and not publish it. Because data point with discreet data

Page	68
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1	values and say that it's pre-market or post-market
2	report, but the content of the data and the content
3	of the data in like the product name and all that is
4	all about pre-market, then, you know, that is
5	something which would be very difficult to track and
6	not publish. But from the perspective of making sure
7	that pre-market report will not get published, we
8	talked about the login IDs. That's why we have
9	separate from post-market and pre-market.
10	We talked about converting (R4) into
11	(R3) in relationship with between the login IDs. SO
12	that is another level of check that we are doing. And
13	finally, this is like the third level of check that we
14	are doing to make sure that this is not published yet.
15	Okay?
16	All right. Next is the local criteria
17	report type. So in the local criteria report type,
18	this is a new data element because with FDA we need to
19	know if it's a 15-day report or it's a not expected
20	report. And then we have five day and 30-day report
21	for combination process and then we have a seven-day

	Page 69
1	report for IND. And IND has both seven day and 15-
2	day. So we define a new data element and previously
3	we had a local criteria report in (R2), but that was a
4	value data field that I can add more values, but that
5	field know has become a, what do you call it. A
6	Boolean, true or false, and experiment report. We
7	used to use a value for the experiment report and
8	that's become a Boolean, so now, we had to have a new
9	data element, which is called a local 30-day report,
10	FDA C.1.7.1. The length is one, the data type is
11	numeric, the conformance it is required, and the
12	observation code values, which is C.5.4.5A. Again,
13	the C, I talked about it, it's NCI EVS values. So one
14	will be for 15 day to non-expedited, or 5 day, 5 to 30
15	day and 6, 7 day. So you may wonder why there's not
16	value 3. Because we used the value 3 basically for
17	our direct reports that we get directly from consumers
18	and health care professionals. So we reserve that for
19	that.
20	Any kind of rules are available in that

21 spreadsheet, which we showed you, which is E2B (R3) --

Page	70

1	that link is there that will open that spreadsheet,
2	but we already showed that, I'm not going to go into
3	that. I have extracted out some of the rules from the
4	spreadsheet and if we arrow down, here are the rules.
5	So let's take a look at them. So in this particular
6	data elements let's go over some of the rules. Many
7	of the rules apply because of combination products.
8	Because combination products are for post-marketing.
9	We don't have anything for pre-market. If combination
10	product report indicator. So there is a data field,
11	which is a regional data field, called combination
12	product report indicator which immediately saves these
13	reports on the combination portal.
14	If that was true, then that's the case
15	fulfil, the local criteria for an expedited report.
16	That means if it will fill like area for expected
17	reporting. And that is also true, then observation
18	code value must be 1 or 4. That means we're saying,
19	it's a combination product, it used for experiment
20	criteria. So value of 1 and 4 is what? 1 it could be
21	a three-day, and 4 is a five-day. Right? So when you

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Page	71

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1	have 1 and 4 will be allowed.
2	The combination product report in the
3	value is 2 that means that it's a combination product
4	report and it did not fulfil experiment criteria, so
5	it just falls on no information and then we would use
6	2 out of 5, which means, 2 means its non-expedited and
7	5 means it's a 30-day report. Okay?
8	If combination product indicator is
9	false, that means not a combination product report,
10	and doesn't fulfil expedited criteria and then for
11	post-market, the value must be 1 which is for 10-day
12	report. And of course, if you have the combination
13	product indicator is false, that means it's not a
14	combination product report and it does not fulfil
15	expedited criteria, then the value alone is 2, which
16	is non-expedited report. These rules apply to make
17	sure that it was about right and set-up right for us.
18	On the pre-market side, the 15 day and
19	seven-day experiment report, if the field, which is
20	false, and the expedited criteria is true then the
21	report type type of report is report for study and

	Page 72
1	observation value allowed is 1 or 6. 1 being 15-day
2	or 6 means seven-day report. All right.
3	So the next data element, if that's the
4	case fulfil local criteria from an expected report.
5	C.1.7, this is already existing field. You know,
6	there is more guidance now than a rule. Specified
7	data so this field actually says you are specifying
8	one of the case from this, the regional specification
9	on expected reporting. If this, if the local criteria
10	report file is seven-day or 15-day or five-day,
11	they're considered expedited reports then C.1.7 must
12	be true. Another rule is if local criteria report
13	type is not expedited or a 30-day, they are considered
14	non-expedited, the C.1.7 must be false. In fact,
15	things that could reject it, initial submission with
16	nullflavor and 9 will be rejected. So you cannot
17	submit a report, an initial report with the value of
18	no information for the data field. That's the case
19	for the expected criteria from expected report then
20	the report will get rejected. Okay, so.
21	All right. The next data element. The

	Page 73
1	next data element will be a FDA C.1.12, so we'll show
2	the next slide. So the combination product report
3	type indicator, I just mentioned about this field. So
4	this is a regional data element, FDA C.1.12. This
5	data element is a Boolean element, so which means, it
6	doesn't have a max length. The data that is Boolean.
7	But it look true or false. No information in NI. The
8	conformance is required of this. Right? So which
9	means you either have to say in combination report
10	have to say false or NI. NI was given because
11	sometimes you don't know if it was truly a combination
12	product or not.
13	So NI is given whether or not you know
14	it's a combination product and you say false. If
15	it's a combination product you say true. The
16	observation code as a C code, if you see that. When I
17	say C code, it has starts with alphabet C. The code
18	number, and that means it has been taken from NCI EVS.
19	And the business rules for this is how to decide it's
20	a combination product or not. So to decide it's a
21	combination product or not, you will have to look at

1 the rules as defined in the post-market -- post-market 2 safety reporting for combination products guidance for 3 industry and FDA Guidance.

So this is posted. This link if you 4 click will take you to the guidance and this is an FDA 5 Guidance that was posted and based on this guidance 6 you will decide should it be a true, should it be a 7 false, should it be a no information ACK. It will be 8 9 a decision that you will make based on this guidance. 10 Okay? So this is what the combination product import indicator is. 11

12 So going into the next thing is a 13 reporter statement. So this is again a new data element that was added in FDA C.2.r.2.8 and the max 14 15 length is hundred. The data type is alpha numeric. 16 The conformance is required, and the values allowed again, is taken from NCI -- sorry. This needs to be 17 18 -- this is 5 point here. The value -- there's no values allowed here. This should be -- this shouldn't 19 20 be related. Please do not take that values alone in 21 consideration. The max length is hundred, data type

1	is alpha numeric, and conformance is required, and the
2	value alone must be only nullflavor, which is not
3	asked, NASK. So the values allowed will be only
4	nullflavor, NASK. And I'm going to update the slides
5	before we post it. And the reason being that it's an
6	email address, so if the email address was not asked
7	then then you just say, you know, not asked. And
8	if you don't have the you would just say not asked.
9	So one important note of all this
10	particular data element is that when submitting the
11	nullflavor response, also include the telecom prefix
12	with the value attribute. Currently reference the
13	latest telecom type as shown in the example. If you
14	see telecom type, you know, you have the value, it
15	says mail to: and the email address up in the corner.
16	If you don't have it, you say nullflavor, NASK, and
17	the value is basically says mail to, because you don't
18	have, and you've not asked anything. So that is an
19	example, so that is how you need to report that data.
20	This is the same type of process that we have also for
21	base reporting. That has email address and if you do

1 not have an email, then this is what -- how you would 2 report. Okay?

3 Next is Section C.3.3. So information You have these data elements were optional 4 on sender. 5 and FDA has made the state elements required. So this is the sender of the report, so who is sending the 6 report to FDA. We want to know that because based on 7 8 this sender information and our compliance works, that 9 was who was send in the report, who's the responsible 10 party for sending the report, so we want to know this information so that we know who is actually sending 11 12 this report. So that's why this information -- the 13 conformance was changed from optional to required. Okay? And these are all the elements of the sender. 14 15 Next, let's get into patient 16 characteristics. Okay. Patient characteristics. 17 Patient name, by any method you want. Data elements 18 stays the same, but there are some business rules that 19 we have put down. If no patient is involved, 20 especially like on a compounding product report, 21 medication report, then you can use a nullflavor NA

for patient name. For non-patient products report 1 2 having malfunction with no adverse event, you can use 3 the nullflavor NA for the patient. We all know that reporting you need at least minimal for data elements, 4 5 patient being one. From a technology perspective, we are checking this so just having a nullflavor actually 6 7 makes it easier for us to do the check. So and it also satisfies that the patient is not applicable in 8 9 such situations. 10 For combination product we can rename a function on a batch of combination products with no 11 12 name. So there was a batch of combination products 13 and there was a malfunction. So in such case the 14 batch could be used in multiple patients and in that 15 ask for you to submit one report and the patient name 16 or initials be, and you mention the values summary 17 And then it would go into IND Safety Report there. 18 when we talk more about IND Safety Report after lunch, 19 there's a concept of aggregate reports and in such 20 case when there's an aggregate report for aggregate 21 report, use the value aggregate in the patient

1	initial.
2	And lastly, the rule is if the type of
3	report is true, which means, especially for aggregate
4	reports, so it means 2, report from starting, the IND
5	number, adverse event occurred is provided and what's
6	the IND number for adverse event provided? You will
7	hear that regional elements in IND when IND Safety
8	Reports are being discussed.
9	And Identification number of the
10	report, which is linked to the safety report. But
11	this is an aggregate reporting, you have you have
12	the aggregation of all the other IND individual safety
13	reports. That's again, you will hear that, you know,
14	how, especially aggregate reports are to be reported
15	in the IND section. And also important just because
16	of the patient name and initial, if those three fields
17	are populated with those values or populated with
18	specific values, then B1 must have the value
19	aggregate. So it's like the cross-check business
20	rules that we are we are having here. Okay?
21	Next we go into race code. And before

Page	7	9
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1	we go into race code. Okay. So race code. So this is
2	a new data element, patient race code, which is alpha
3	numeric 10. Conformance is required and values allow
4	again a C code, which means, it's taken from NCI EVS.
5	These are the values here. They also have C codes.
б	It does race code is used in many other types of
7	forms that we have in the United States, and the
8	business rule is must be provided as a nullflavor NA,
9	when patient is like a summary or aggregate. And of
10	course, if you don't have the value of the race for
11	the patient, then you can use unknown mask or other
12	if you're masking something or if you don't know, just
13	you know, you have unknown. So that's what you
14	will be using for the race code. And we have that as
15	NSA code, which is FDA.C.1.12. So in such case you
16	have maximum 10, alpha numeric, it's required. It
17	again, has a C code, which means it's taken from NCI
18	EVS. It has nullflavor like unknown, NASK, no
19	information, NA. How can you use NA when you submit
20	the report as is about combination product with
21	multiple patient and aggregate and so you can use NFR.

1	Those types. Okay.
2	All right. Then we have GK, which is
3	drug information. Now that a drug can be repeated,
4	right? So the categorization of drug rules. This is
5	an important field, G.k.1. So there was some business
6	rules with this particular drug role data point. And
7	the business rules are for post-market, for pre-market
8	and so on. These two.
9	But first, CSRs. The first product
10	under section G could have the data element answered
11	as 1 or 3. Unless, the report has at least one device
12	in the report where malfunction is true. In which
13	case, the observation rule value would be 1, 3 or 4.
14	Okay. 1, 3, or 4. 1 stands for suspect, 3 for
15	interacting and 4 for drug administered. Right?
16	So what we are saying here is we would
17	want to that the first product, we always the suspect
18	product, the interacting product on the drug in case
19	of combination products. And then you have number 2,
20	which is concomitant, that could be the product that
21	can come later in the XML. So basically, your

1	information, kind of, if you're reporting, becomes the
2	first product in the list. So if you look at these
3	group here, if you have a combination products and
4	combination products has a malfunction, okay. But the
5	malfunction, there was no adverse event, there was
б	just a malfunction, then in first will be on a similar
7	device, then you could use the value 4 which is drug
8	administer. That's you have 1 or 3. You must have at
9	least one product, at least one product must be
10	reported with an observation core value of 1 or 3 or
11	4, which is suspect, interacting or drug administer.
12	And as I said for, yeah, 1,3 or 4. For pre-market
13	ICSRs. Okay.
14	For IND ICSRs, we only have the
15	observation core value of 1, 2 or 3. So 1 means
16	suspect, 2 means concomitant and 3 means interactive.
17	At least one report must be reported with observation
18	code value of 1 or 3. It's very important to do that.
19	The other serious piece, which one of your companies
20	work as the first in the list. Okay?
21	For IND-exempt you can use the value 1,

1 2, 3 or 4 and you will still have a combined products 2 and at least one product must be reported without the 3 core value of 1, 3, or 4. Because when you have IND-4 exempt you need, you could have the test drug, you 5 could have the reference drug and so on. So the value 6 of 4 is also used.

7 So we have a new field on the other characterization of drug code. Why was this field 8 9 used? Because it's a concept of similar device. So 10 this is a concept of similar device, you know. Anything to an existing observation code value, like 11 12 for example we have the characterization of the drug. 13 We really cannot in IC need to be up on 3. You can just go ahead and enter the observation core value. 14 15 You can just go ahead and enter observation code value 16 if you had existing list of observation code values. 17 And the reason is I could add a value of, let's say I characterization of the drug role and it had four 18 values, and I added a fifth one. The fifth one I got 19 20 at a similar device. You know somebody else; some 21 other region may call the value 5 as something else.

	Page 83
1	Some other region may call the value 5 something else.
2	So it's not concomitant to add a value to an existing
3	list unless the standard organization has, you know,
4	endorsed that and has included that into the core
5	values on the observation code.
6	So a bit of advice, this is
7	specifically for specifically for combination
8	products, actually. Its maximum length is one, it's
9	numeric and conformation is conditionally required.
10	And when it is required it's because similar device,
11	observation code value 1 must be provided in
12	combination concomitant code indicator is 2,
13	malfunction is 2 and characterization of drug is 4.
14	That is drug was not administered. So that means
15	you're talking about a combination product because as
16	I'm talking with a similar device. So you have a
17	divide and you're talking about a similar device, that
18	means that the device would have been administered so
19	add value of 4 to all these three "criterias" have to
20	match up and have to be true. So to say that it's a
21	similar device. So that's the conditionally required

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1	code in this particular field. All right?
2	Next, so we have common regional
3	extension for drugs, GK. So these are some important
4	areas that I would say let's focus on right now
5	because of the data that we typically get, and we have
6	to go back to sponsors to get things correct. So the
7	data element G.K.2.1.1b, medicinal product identifier,
8	MPID, you would want to start using this data element.
9	In (R2) we never had this, but now if you want to
10	start using this, if available. So which means, MPID
11	you use the FDA NDC code, not your drug code, and
12	should be used as a regional MPID. Okay? Use either
13	only the first two segments of the NDC or the full NDC
14	as the regional MPID in the ICSR. And we take care of
15	if you only send the first two segments of the full
16	thing.
17	But if you stop sending, again, this is
18	an optional data element. But we would request that
19	we would recommend to start using this because when it
20	comes to, you know, IND and all that, you know, we
21	might start using the MPID as the NDC code as the

1	MPID. So and also it gives FDA facts to pinpoint to
2	the exact product that we are looking for once we know
3	the NDC code, so when known, please supply the NDC
4	code in the data element Medicinal Product Identifier.
5	Next, data element is GK.2.2, which is
6	medicinal product name as reported by the primary
7	source. Okay. So this the first report name. So FDA
8	validates the medicinal product name as market in the
9	United States negates the the available structure,
10	product, everything. So I mention that previously
11	during the local technologies and vocabularies that
12	we're using. Structured properly it really is very
13	important because that's the name we use to validate
14	the medicinal product name. And many, many, many
15	times we see sponsors have one name that we have
16	submitted the structure product labeling, but then
17	when the actual ICSRs come the name has some
18	variations. Also, in the name it's a name. So don't
19	try to use a trend into the name, you know, and those
20	kind of values into the name. When your name got
21	approved by the Agency and what you submitted at

Page	86

structured product labeling, use that name in the
 ICSR.

3 If the medicinal product name is not provided but the active substance name is known, then 4 5 provide the active substance name as it appears in the FDA's Global Substance Registration System. 6 So how 7 the substance was approved, that name you must use and that's what you will provide, you will get in the 8 9 FDA's GSRS which is available publicly for you to use. 10 If you have foreign product trade names, let's go write that foreign product trade name in this 11 12 particular field, G.k.2.2.

13 Then we have the G.k.2.3.r.2b, which is 14 a substance and specified substance termID. Now, the 15 termID that you have, we are recommending to use the 16 FDA's GSRS unique code, 'cause then it also helps us 17 to directly pinpoint that substance that was 18 registered. Right?. And the name, of course, is the 19 name of the substance then. So that should always be 20 populated, we expect the termID, that should always be 21 populated, but if you have the termID and it is

	Page 87
1	available, then use the FDR GSRS. Okay.
2	But what happens if it's a foreign
3	product? So if it's a foreign product then go ahead
4	with that substance name as it appears on the FDA's
5	GSRS. Okay.
6	The FDA's unique rules are updated
7	monthly and can be obtained from FDS GSRS in your
8	list. These type of rules, you know, and suggestions
9	and recommendations that we are giving, it only helps
10	us in validating the product because, you know, we as
11	the Agency, we have to look at product across the
12	United States and what is marketed in the United
13	States. Right? And manufacturers are looking only at
14	their portfolio of their products that they market.
15	But we are looking at every product that is marketed
16	in the United States. So it becomes very important
17	for us to make sure that we're also validated because
18	eventually we have to do a search on those products to
19	make sure we're getting the right, you know, cases
20	from the products, we are receiving the right
21	identification, so again, we do have close to 2.3

	Page 88
1	million reports that we receive every year. And of
2	that come close to 2.5 to 3 percent report do fail
3	because name did not match on the SPL, or the active
4	ingredient did not match the GSRS name and the
5	products fall out which means now we have to take
б	manual steps to validate those products and then
7	process them to maybe make available to the viewers.
8	So it's additional effort, additional cost, additional
9	steps and also additional time. So if industry can
10	focus through making sure that the names are validated
11	by them to SPL, making sure that that's the name they
12	were using or the name that they're using are from
13	GSRS, it will really help us.
14	Next, here is we have the drug
15	information again from GK. This is where you have the
16	authorization and the application number, GK3.1. So
17	there are some rules here. Some of these rules are
18	specifically applied for post-marketing, but also can
19	be used to be pre-market, especially if you're using a
20	post-market study drug. Because many of you mention
21	what the MPID or NDA number probably is. So in this

we have, if you have a human drug or a biologic product, the application type could be IND, NDA, BA/BN, is used by CBER and in the recommended format is this, NDA with a number. IND with a number. BA with a number and BN with a number. If a biologic product which is BLA, then you have a BLA with a number.

Prescription drug product marketed 8 9 without an approved application, no application then 10 you submit that as 000000, six zeros. And nonprescription drug product marketed without an approved 11 12 application, so is not ARES, no application then it 13 will submit them as six nines. Okay. And if you're 14 compounded product marketed then you have the word 15 comp 99. Some of these things actually help us to 16 help see this report both ways. Wo we have a 17 compounding rule. So if you send comp 99 then we have 18 appropriately notices about the compounding product and the needs to go there because the compounded 19 20 product is not really approved, you're mixing things. 21 So and then you can add a dictionary of products, so

Page	90
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1	sending these values appropriately actually helps us.
2	Now, the question comes where do you
3	submit the IND number? So if you see down here it
4	says for IND and IND-exempt BA/BE Safety Reports.
5	That reporting on marketed drug product on biological
б	products being evaluated under an IND or IND-exempt
7	BA/BE. Do not list the IND with the pre-ANDA number
8	in this field. Okay?
9	Use data element FDA C.5.5a and this is
10	a regional element and FDA C.5.5b, which is again a
11	regional element for IDN and IND-exempt BA/BE,
12	respectively. These two attributes of these data
13	elements bring with respect to bring the IND and the
14	IND-exempt BA/BE talk. That will happen after lunch.
15	But these two data elements are regional elements that
16	has been set-up because these two data elements
17	actually defines where the report is going to go,
18	report review.
19	Next we have the data element
20	Pharmaceutical Dosage Form TermID. Right? So we are
21	asking to use the observation code C54456. If you go

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	Page 91
1	into NCI EVS, you will be able to search for C54456.
2	If not available, then use EVP Report. Okay. For
3	those in this field, we actually have that
4	pharmaceutical dosage form. If you don't have it,
5	then use the EVP report. Make sure that you're
б	submitting either one, all right?
7	Same with route of administration. You
8	first look at C54456 as the observation code, the C
9	code in NCAEVS. The value there, the list of values
10	are there but the values that you are intending to use
11	in this report is not available there, then you can
12	use the EVP report. And if none of them are available
13	then, and I think there's a free text field also
14	available for you to submit in that free text field.
15	Okay?
16	All right. So the next data element
17	under drugs, GK, is every additional information on
18	drug would repeat as necessary. So this is the
19	regional element that we have inter-used. Used to
20	provide characteristics associated with a product.
21	The maximum length is 2, that the data is alpha

1	numeric, and the conformance is condition required and
2	the allowed values are 1 for test, 2 for reference, 3
3	for bulk ingredients, 4 for bulk ingredient with human
4	prescription compounding and 5 for approved drug from
5	a manufacturer exclusively for private label
6	distribution and we have a nullflavor. But this
7	typically could be used that if you had a, you know, a
8	compounding, as we mentioned it, this is going to be
9	also set-up to 4 as we mentioned, with observation as
10	com 99. This can be also set-up to 4. But this field
11	is mostly the, I mean, for the IND-exempt BA/BE study.
12	You will see that in later presentation, but I'll just
13	mention the rule here and the rule here is if pre and
14	the number, where it works, even that part, which is a
15	regional data element. If this is present, that means
16	I know this is for IND-exempt. Then the observation
17	code value 1 or 2 must be used to describe the drugs
18	in the IND-exempt BA/BE study. And the drug rule is
19	either test drug or a reference drug. And then you
20	can use nullflavor element for all of the drugs or if
21	information is not available. So this is a important

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thing. Now, that reminds me of another rule that if
you have N.1.4 or N.1.3, and 1.4, which we talked
about which has, you know, ZZFDA_PREMKT and N.2.r.3,
which is IND-exempt BA/BE, if you have that then the
rule is the pre-ANDA number, the date occurred, must
be present. Right? Because you're telling me that
you are reporting about an IND and BA/BE, so that must
be present. Or if this pre-ANDA number the day after
is present, then we will try to check to see that
that N.1.3 or N.1.4 has the ZZFDA_PREMKT and the
N.2.r.3 says IND-exempt CBER and this IND-exempt
BA/BE. So that rule will also apply to make sure that
we don't fall through the cracks and publish this
report publicly. Okay?
All right. Then we have another,
bigger field called FDA Specialized Product Category.
This is mostly for combination drugs. This is used to
provide characteristics associated with a combination
product, so FDA.G.k.13.r. The data length is 10. The
data max length is 10. The data type is alpha
numeric, conformance is optional, and we are using the

C codes. So this also helps, really helps us to
 define this as a combination product between a drug or
 a biologic, which is a type 6 or is it, you know, pre filled drug delivery device system, like a syringe,
 example patch, et cetera, which is a type 2 on a
 convenience scale, which is a type 1.

7 Giving these values actually really helps our team here of the reviewers here to can 8 9 report it into, you know, what type of product that 10 You know, you just say the product, but then is. these extra attributes actually help us to, you know, 11 12 to the right investigation that we need to do. So the 13 C codes again, there are C codes that way you have NCIEVS, it's taken from there. And these are all the 14 values that we had used for this particular field, FDA 15 16 Specialized Product Category. Okay.

And next, submission rules. So we did talk about some, I showed you the spreadsheet, but this is a section in the technical specification about submission rules, so I wanted to, you know, talk about a few of the submission rules, what they are and what,

1	you know, how they need to be issued and complied to
2	that so that we can prove the quality of the data. So
3	submission rules is defined conditions resulting in a
4	data acknowledgement and not accepted by FAERS if not
5	met. We also have the E2B (R3) code and regional data
6	elements oh, before I go over the second bullet,
7	the first bullet, Conditions Resulting in Negative
8	Acknowledgement and it's not accepted, so you could
9	also have got a safety acknowledgement, God forbid,
10	and then error messages. And FDA accepted. Right?
11	Because they are warnings. So it's still a rule, but
12	that rule will be taken as a warning so that we would
13	like we would expect that next time, you know, the
14	submitter saw, fixes the data and submits it. Okay.
15	The E2B code and regional data element
16	and business rule. So this is mainly the same
17	documents, you will see multiple times the same
18	documents is with us for two. In this case, I have
19	not put a link here, but put a link in many other
20	places. This is a spreadsheet that I went over with
21	you. And that defines the conformance and the rules

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Page	96
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1	for each data element. Right? If there is different
2	data elements, you know, some data does not have any
3	rules but the rules that are there are all defined in
4	the spreadsheet, and we saw that. And where will we
5	see them in that spreadsheet? The tabs that says
6	Rejection and Warning Rules. That list, the rejection
7	rules, that will result in a negative acknowledgement
8	and warning rules that will notify a warning, but
9	result in a positive acknowledgement. So when you
10	hear warning and a positive acknowledgement, you know,
11	you want to say it's positive, so I did. You know,
12	but the main core data in good quantities so that we
13	can do better review, and you know, we would request
14	that the warning rules are also looked at the by the
15	submitter and corrected in the subsequent submissions.
16	Okay.
17	And finally we have the forward

18 compatibility. I have a whole different set-up of 19 slides which will come at the end which will talk 20 about the forward compatibility. But know that 21 forward compatibility is something where if you had

Page 97
something you would move to a forward compatibility,
so which means we have today post-market, which is
submit in an (R2) format, yes. We follow that to
(R3). So pre-market, we don't have (R2) format.
Okay. So there is nothing to follow up there for
forward compatibility because we go to (R3). Because
as we said, we are directly jumping into (R3). So
with that, you will find those forward compatibility
rules are not applicable to pre-market safety reports.
If we ever use (R2) first that we had ultimately
planned, yes. We will have had forward compatibility
for pre-market safety report, but now we are not. So
we are straight jumping to (R3) so there is nothing to
talk about forward with the pre-market, only the post-
market.
So the forward compatibility rules list
the data elements and the rules to be applied, so if
you have X and now, that field is now Y and one of the
rules from (R2) to (R3), in (R2) it X and (R3) it was
Y. Right?

And of course, please do not forget

	Page 98
1	about that Appendix B, the ICH Guide, about forward
2	and backward compatibility, should be there for the
3	data elements and sources for ICH. So you still have
4	to look at that. The one forward compatibility that
5	we are talking about are for regional elements only.
6	Okay. So we will go over some of those elements in
7	later slides.
8	So with that, I think we are almost
9	time at 11:44, so we will now go into a lunch break
10	and come back at 12:30 and go over the next few
11	topics. So I think I am probably doing good at
12	timing.
13	So if you have any questions, please do
14	submit your questions through Q&A. We have somebody
15	here monitoring those questions. And with that, we
16	will take a break, 11:45 and we will be back at 12:30.
17	Thank you.
18	(Off the record.)
19	MR. DE: All right. Welcome back. We
20	are 12:31 and so we're back from our break. And with
21	the outline we now have completed talked about

1	background from key items on the regional
2	implementation of (R3). We talked about submission
3	methods and mechanisms. Then right before this lunch
4	break, we did talk about the implementation package
5	and as I said, there was some questions that we had on
6	the spreadsheet and I opened the spreadsheet for you
7	all to see what the spreadsheet looks like, what the
8	contents of the spreadsheet and the tabs that we have
9	on the spreadsheet, which is the core regional and
10	core and regional data elements.
11	We talked about some of the common
12	regional extensions, which some were pre and post and
13	some were for post market. And then now, we will talk
14	about some of the very specific post-market safety
15	reporting extensions, what they are, and we will first
16	start with the transmission identification identifier
17	identification.
18	So again, you have seen this table
19	previously. We have talked about in 1.4 and N.2.r.3
20	and I am going over this again and again, reason
21	being, this particular, you know, this particular

sections on this particular data elements have to be 1 2 in line with the AS2 headers, because without that, 3 the files will get rejected. And so in this particular table I have highlighted all post-market, 4 because we are talking about the post-market facts and 5 business rules, and here you have the AS2 header as 6 7 CDER and then you have the XML files, which is FAERS, and for the login ID, you have FDAFAERS and 1.4 will 8 9 be ZZFDA and into (R3) will be CDER. So again, very 10 important to note this down. 11 So going into some of the All right. 12 specific elements we have for the post marketing, we 13 have a data element which we added as a regional 14 This element is under the reaction and extension. 15 event. That's it, so reaction and event as reporter, 16 and the theming is called required intervention. So 17 it's FDA.E.i.3.h.2. Most of this type of data, this data element value is used for medication errors, 18 19 because there was some required intervention, and this 20 is a Boolean data type. It does look and feel very 21 similar to the Boolean fields that we have for the

1	seriousness "criterias", like death, life threatening,
2	hospitalized and so on. So you will have the
3	conformance as required for this element. The values
4	are alone are either true or no information, NI. So
5	if you don't have any information for that case, for
6	the required intervention, you can submit as NI. And
7	for pre-market safety reports, this element will
8	almost always be submitted as NI. You have other data
9	elements to talk about the seriousness. So, this is
10	the required intervention data element. Okay.
11	Next, we have device information. So
12	that alone we have device information. And this could
13	be repeated as necessary. This section start with
14	FDA.G.k.12.r and you have other elements. So the
15	first element is identifying if there was a
16	malfunction or not. If it was a combination product,
17	that element is way ahead of which we have talked
18	about. But now you say it's a combination product,
19	now you're talking about the device information to say
20	first is it a malfunction or not. So the observation
21	code value is a C code. It's a true or a false and it

Page 102 is conditional required. Why is it conditional 1 2 required? If you have the local criteria report type 3 as 5, which is a 30-day, and malfunction is -- then malfunction must be true for at least one suspect 4 product. So that is a rule conditional requirement 5 for this. 6 7 So next is a follow up, make a follow up for this. So we have this data element, 8 9 observation code again is a C code, taken from ENCEVS. This is an optional data field. This is to audit that 10 we have used data. That's not a business rule, it's 11 12 just an optional field. There's no true business 13 rules here. Just listed the right there. 14 All right. Device problem code. This is an important field. The observation code is 15 16 C54451, and there's a link there. This link takes 17 actually takes you to all the device problem codes 18 that you can mention, and this could be IND RF code or the FDA code, so you can submit any of those codes and 19 we will take it. And this is required if malfunction 20 21 is true. Okay. This is a business rule. And we will

only validate the format, one or more codes can be
 provided. But it's free text field, so you can have
 one or more codes.

Then we have the device by name. 4 It's 5 a free text. If you don't have it, give a nullflavor, It's conditional required. 6 Again, it is set-up NT. 7 because if combination product report indicator is true, that means you're saying it's a combination 8 9 product report. Then enter the device brand name and the common device name. It will -- can be null; 10 however, if both are null a value of device product 11 12 code is required. Okay.

13 Common Device Name. Again, free text 14 field, alpha numeric, and if we don't have this you 15 can submit an NI. Again, this is a conditional 16 required field. The business rule the same as the 17 device brand name where we say that if the combination 18 product report indicator is true, that means this is a report about a combination product, then you need to 19 20 provide the device brand name and the common device 21 If either is not available, then you would name.

1	provide the device product code.
2	Okay. Next slide. The Device Product
3	Code. To begin, that is available it is a 10-alpha
4	numeric, it's available on that link, all the device
5	product codes. Again, conditional required. If put
6	device brand name, the common device name are blank
7	for now. Okay. NI. Then the value for the device
8	code is required. You have a listing of the devices.
9	So, you have three fields basically to identify what
10	the device is. Then every time it's all about the
11	manufacturer of the device, next two fields, so the
12	device manufacturer name, the device manufacturer
13	address, city, state, country. And so these are all
14	actually optional fields, country of use, ISO alpha
15	numeric. You can also use EU, to put there. So as I
16	said, if you read the country field, you can use EU.
17	Device Usage, okay, this is an
18	observation code of C54595 and EVS and ENCEVS scored
19	the value of 1 to 1.3. It's an optional data element.
20	Device lot number, txt, that's an optional element.
21	And with that, those are all specific data elements

1 that we have for post-market safety report.

6

2 So with that, I would like to invite 3 Veronica, who is going to come and talk about IND 4 Safety Report. I guess the October is waiting to hear 5 back.

DR. PEI: Thank you, Suranjan.

So good afternoon everybody. So we're
going to spend the next few minutes talking about the
reporting of IND Safety Reports to the FDA using the
E2B (R3) standards. And we're going to go through
some case scenarios. So next slides.

12 So this is a brief overview, sort of 13 compares the current process the new process. And what you can see here is that in the existing process, 14 15 sponsors of clinical trials are required to submit IND 16 Safety Reports as per 21 CFR. And in the current 17 process, the sponsor would submit these in PDF format 18 in the eCTD, which results in inefficient and labor-19 intensive reviews. It doesn't really allow the use of tools for data visualization and analytic tools for 20 21 review. And there's really also no universal tracking

2	However, in the new process, the
3	sponsor will now submit safety reports following the
4	ICH E2B format to FAERS. And this will allow the use
5	of visualization and analytic tools for review and
6	tracking because the data will be structured and
7	actionable. FDA will also leverage existing processes
8	in use for use in post-market safety reporting, such
9	as the ICH E2B data standards and FDA Gateway. So
10	implementation of this new process will comply with
11	existing federal regulations as outlined in the 21 CFR
12	312.32.
13	So in order to implement the Electronic
14	IND Safety Reporting process, change in format is
15	required under 745a. Sponsors of commercial INDs must
16	now submit specified IND Safety Reports to FAERS by
17	one of the two listed methods. As you can see here,
18	the first method is through the Electronic Submission

19 Gateway. The second method is through the Safety 20 Reporting Portal. This change will be effective 24 21 months after publication of the final guidance, and

Page 107 after the effective date, FDA will only accept IND 1 2 Safety Reports in the electronic format. 3 So the tentative goal is to begin voluntary submission by the end of this June. 4 FDA will publish the date on FAERS Electronic Submission 5 webpage 30-days prior to the start of the voluntary 6 7 submission. 8 So this is a snapshot of the FAERS 9 webpage and in preparation for the electronic 10 submission of the electronic safety reports in the ICH E2B (R3) format, FDA has posted a number of relevant 11 12 documents on this website. And the link is provided 13 on the bottom of the slide, as you can see here. And 14 there's a number of resources listed. Additionally, 15 FDA will conduct remote meetings, such as the one that 16 you're attending today, and share communication with 17 stakeholders, such as DIA, to discuss technical 18 specification, implementation and testing plans. 19 Next slide, please. So as, I'm sure you're familiar with the slide, because Suranjan 20 21 presented this earlier, this is just a reminder, this

Meeting

	Page 108
1	table highlights the attribute values that must be
2	used when submitting CDER and CBER IND ICSRs. So the
3	AS2 header and the routing IDs define the Gateway
4	folder where the XML files will be routed to. And
5	when FAERS imports the XML files from the Gateway
6	folder, it will identify and verify the values of
7	N.1.4 and N.2.r.3, as per the values shown in this
8	table. And if those values do not align, your
9	submission will not be accepted, and you will receive
10	a negative acknowledgement. So in that case, a
11	resubmission with the corrected AS2 header or routing
12	ID will be required.
13	So not all IND Safety Reports will go
14	to FAERS, and you can see from this table, it outlines
15	where to submit different types of IND Safety Reports.
16	The top three rows shows the three types of IND Safety
17	Reports that must be submitted through FAERS. And
18	these are typically the ones that include the
19	individual ICSRs with narrative reports. The bottom
20	three includes findings from other studies, findings
21	from animals or invitro testing, as well as reports of

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	Page 109
1	increased rate of occurrence of SAEs. Those should
2	continue to be submitted in the eCTD format.
3	So how would this new process benefit
4	the sponsors? There are some huge potential time
5	savings for the sponsors, and we've tried to list them
6	here. So first, you will no longer need to submit
7	1571 and a cover letter when submitting
8	electronically. You will not need to submit the same
9	safety reports for crossed-reported INDs separately,
10	because now we have a mechanism that allows you to do
11	that. You will also receive an immediate
12	acknowledgement if your report is accepted or if there
13	are errors which you need to, then resubmit the
14	report.
15	Other potential benefits include
16	submitting ICSRs directly from your safety database
17	and eliminates the need to route ICSRs to your
18	regulatory affairs division and thus saving time,
19	effort, and money.
20	Okay. So in the next couple slides,
21	we're going to talk about a few different example

1 scenarios to illustrate how you would submit IND safety reports in the pre-market space. So in the 2 3 first scenario, we're just talking about very simple, submitting a safety report to a primary IND. 4 So I 5 want to draw your attention to this new data element called "IND number where the AE occurred." And this 6 is to capture the primary IND number and it's a new 7 regional extension. Now the max length of the field 8 9 is 10 and the data type is numeric. And the conformance and business rules for this element are 10 described on this slide. But the bottom line is that 11 12 the data field is required when you're submitting an IND Safety Report. 13 14 So in the second scenario, you're 15 submitting a ICSR with a cross-records IND. So in 16 this case, you're going to need to include the crossreferenced IND number in the data element called "IND 17 18 number of cross reported INDs." And note that this 19 data element can accommodate more than one cross-20 referenced IND numbers and the business rules and the 21 conformance for this data element is also listed on

1	this slide, so I'm not going to read through them.
2	In the third scenario, we'll talk about
3	reporting from aggregate analysis from several ICSRs.
4	So there's a couple of elements that are important
5	here. The first one you'll notice is that you need to
б	submit the aggregate analysis header, it's only unique
7	safety report identifier. And this is submitted as
8	data element C.1.1. Now, you will also need to
9	include a parent IND and you will submit that under
10	the data element FDA.C.5.5a, and the D1 value must be
11	denoted as aggregate. And finally, you're also going
12	to need to include all the ICSRs that makeup the
13	aggregate analysis, and that must be reported using
14	the data elements C.1.10.r.
15	So in this scenario, the sponsor is
16	investigating drug A versus an approved drug B. So
17	you know that for suspect drug A, you will use the
18	company code, the established name or the proprietary
19	medicinal product name under the element ID G.k.2.2.
20	Now, for drug B, you will report the proprietary
21	medicinal product name along with the active drug

substance name. If the proprietary name is not
 available, then you must at least submit the active
 substance name. And it's important to note to
 distinguish between the company code versus the
 proprietary medicinal name.

Now, in this scenario, you have a two 6 7 arms trial. Both drugs are approved. However, you're conducting a trial where the approved drug A is being 8 9 studied to support a new indication. So here you'll 10 note that you need to submit two reports to FAERS, if report meeting IND and post-market safety reporting 11 12 requirements. You need to submit one under the IND 13 and one in the post-market.

14 Next slides. So here we're going to 15 discuss reporting of causality for IND Safety Reports, 16 and this slide outlines the data elements that's 17 needed for recording of causality information. So you can see here that you will need to include a source of 18 the assessment, the method of assessment and the 19 20 result of assessment, and the business rules are also 21 listed here.

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Page 113 So I want to highlight a couple other IND regional requirements. The first one is that you need to include the study name, and this is where you would submit the study ID along with the abbreviated The study ID should be the same value trial name. used in the study tagging file format of the eCTD submission. For an aggregate report, the study type where the reaction observed here must be -- the value must be 1, which indicates clinical trial. So this is the other element that I want you to be aware of, is the study type where the reaction occurred. You must also submit this information. Next slide. So another one is the element date of death. Now, if your -- the element death, which is in the EI.3.2a, if that value is true, then you're required to submit the date of death as D.9.1. Okay. So now we'll pass this on to Jung Lee to talk about BA and BE study safety reporting for generic drugs. Thank you.

	Page 114
1	MS. LEE: There's the next one.
2	Hi, my name is Jung Lee. I'm from the
3	Division of Clinical Safety and Surveillance in the
4	Office of Safety and Clinical Evaluation at the OGD.
5	I will be presenting on BA/BE Study Safety Reporting
6	for Generic Drugs.
7	Here are the objectives for my
8	presentation today. I'll be briefly covering the
9	generic drug pharmacovigilance overview and
10	bioavailability and bioequivalence study safety and
11	reporting requirements and processes, and will focus
12	on electronic pre-market safety reports from BA/BE
13	studies.
14	The key characteristic of generic drug
15	pharmacovigilance is that it is a collaborative
16	process. We work with the colleagues at CDRH to
17	handle safety issues regarding generic drug regarding
18	combination products. And we engage with different
19	offices within CDER, as listed on this slide, as well
20	as internally within the OGD to address various
21	generic product safety issues.

1	Not only is it across the centers, and
2	the offices, the next slide, but the generic drug
3	pharmacovigilance covers the entire life cycle of the
4	generic drugs. In the pre-market phase, the safety
5	issues observed during the BA/BE studies conducted
6	under IND application, referred as Bio-IND studies, as
7	well as the safety reports from BA/BE studies, not
8	conducted under an IND, referred as IND-exempt BA/BE
9	studies, are reviewed. And they inform the safety
10	variation of the abbreviated new drug application
11	(ANDA) safety issues, which in turn support post-
12	market safety review, surveillance, and
13	pharmacovigilance efforts for generic drugs.
14	Next Slide. The safety reporting
15	requirements are different for BA/BE studies conducted
16	under an IND and those not conducted under an IND.
17	Those under an IND must meet the safety reporting
18	requirements under 21 CFR 320.31 and 312.32. Under
19	these requirements, sponsors are required to submit
20	IND safety reports for events that are serious,
21	unexpected and suspected adverse reactions referred as

1 These regulations require reporting of SUSAR(s). 2 individual case safety reports and aggregate reports. 3 The BA/BE study not conducted under an IND must meet IND-exemption under 21 CFR 320.31. 4 5 These studies are required to meet safety reporting requirements under 21 CFR 320.31(d)(3), which require 6 7 reporting of any serious adverse events [SAEs] during the conduct of the BA/BE study, regardless of whether 8 9 the event is considered drug related or not in an 10 expedited manner. 11 This slide compares the current pre-12 and post-market safety report submissions and review 13 processes for generic drugs. Pre-market safety 14 reports are also separated by Bio-IND and IND-exempt 15 BA/BE safety reports. This is a busy slide and what I 16 want to emphasize here is that the generic drug pre-17 market safety reports are both still submitted on Form 18 FDA 3500A in PDF formats. The Bio-IND safety reports are required to be submitted via eCTD and IND-exempt 19 20 BA/BE safety reports are sent to the OGD's inbox by 21 email, which are then entered into a tracking system

manually and the linkage between initial and follow
 reports are also done manually.

3 And these pre-market processes contrast with that of post-market safety reports that are 4 submitted to FAERS database in E2B format via 5 Electronic Submission Gateway through database-to-6 7 database [D2D] transmission or via Safety Reporting The good news is that FAERS II new 8 Portal. 9 enhancements will bring the opportunities for electronic submission of adverse events from pre-10 market BA/BE studies for generic drugs. 11

12 The IND safety reporting requirements 13 under 745A(a) of the Food, Drug, and Cosmetic Act has 14 already been covered by Veronica. I'm going to just recap the highlights here. So according to this draft 15 16 quidance for industry, published in 2019, sponsors of 17 commercial INDs have two options in meeting the 18 electronic submission requirements. One is through Electronic Submission Gateway, via D2D transmission, 19 20 and the other is through the Safety Reporting Portal. 21 Sponsors can begin voluntary submission in E2B (R3)

1 format. The FAERS website will. And the requirements 2 for the electronic submission will begin 24-months 3 after final guidance is published. And what I'd like 4 to point out here is that Bio-IND safety reports must 5 meet the electronic ICSR reporting requirements under 6 745A(a).

7 As mentioned earlier, the IND-exempt 8 BA/BE safety reports are currently submitted on the 9 Form FDA 3500A to the OGD [premarket safety] mailbox. 10 This option will continue to be available in the 11 But once the FAERS II enhancements become future. 12 available, E2B format will be an acceptable form of 13 notification to the FDA of SAE(s) required under 21 14 CFR 320.31(d)(3).

Like post-market and IND pre-market safety reports, there will be two options for submitting ICSR's from IND-exempt BA/BE safety reports in E2B(R3) format. One will be via the Electronic Submission Gateway in D2D transmission, which will be the focus of the rest of my presentation. And the other will be via the Safety Reporting Portal.

	5
1	If a company or person or CRO
2	conducting IND-exempt BA/BE studies chooses to use the
3	electronic submission option to notify FDA, we'd like
4	to recommend the following: First of all, to
5	understand the requirements. These are clearly stated
6	in the FDA Regional Implementation Guide for E2B(R3),
7	electronic transmission of ICSRs for Drug and
8	Biological Products, also known as a Technical
9	Specification Document. Also, note that OGD has
10	published a draft Guidance for Industry Electronic
11	Submissions of Expedited Safety Reports from IND-
12	exempt BA/BE Studies to support this process. I have
13	also listed additional resources and hope you find
14	them helpful.
15	The next step in this process is to
16	prepare your IT system for E2B (R3) submission next
17	slide by learning about the specifications for
18	preparing and submitting electronic submissions of
19	ICSRs. If you do not already have a FAERS account,
20	please create one. Here's the contact information for
21	creating an account with FAERS electronic submission

1	coordinator.
2	The next thing to remember is to obtain
3	a pre-assigned ANDA number, which is refer as a pre-
4	ANDA number. This number can be requested via CDER
5	NextGen Portal. Instead of waiting until an SAE is
6	observed, it will be ideal to have this pre-ANDA
7	number ready prior to submitting an SAE report or even
8	before recruiting for BA/BE studies.
9	Now that you have your system ready,
10	all the information you need and ready to submit your
11	safety report, at this point, I can't emphasize enough
12	the importance of correctly identifying ICSRs from
13	IND-exempt BA/BE studies, first of all, by complying
14	with the business rules for submission path. You're
15	familiar with this table today, I'm sure. There are
16	FDA defined header attributes and routing IDs specific
17	for CDER pre-market ICSRs. Please use the information
18	on this table to specify the submission paths for
19	IND-exempt and BA/BE safety reports.
20	In addition, please be sure to include
21	message receiver identifier with a value of CDER IND

EXEMPT BA BE, and the batch receiver identifier with 1 2 the value ZZFDA_PREMKT within your ICSR. And please 3 remember that these business rules are created to differentiate between pre- and post-market ICSRs and 4 to ensure pre-market reports are not published 5 publicly and to make IND-exempt BA/BE safety reports 6 7 available for the OGD reviewers. 8 In addition to complying with the 9 submission path business rules, please indicate Type 10 of Report data element C.1.3 as 2 to indicate that this is a Report from Study. 11 12 Lastly, please be sure to include pre-ANDA number in your submission in FDA C.5.5b. 13 This is 14 an FDA regional data element with maximum lengths of 15 10 and a numeric data type with the conformance rule 16 of conditional required. Meaning that if the type of 17 report is 2, indicating this is a report from a study and the message receiver identifier is CDER IND EXEMPT 18 BA BE, then this Pre-ANDA Number Where AE Occurred 19 20 becomes a required data element, according to the 21 business rule. And also, please remember that this

1 pre-ANDA number must be a valid one for processing and 2 routing.

3 In addition to correctly identifying and routing the ICSRs, it is also important to 4 5 identify drugs the subject was exposed to. In E2B (R3) ICH data element G.k.2.2 titled Medicinal product 6 7 Name as Reported by the Primary Source will be used to 8 report the proprietary name of the product. And ICH 9 data element G.k.2.3.r.1 will be used to report drug 10 substance name. If there's no proprietary name, please report only drug substance name. 11

12 And it is also important to 13 characterize the role of a drug in the data element G.k.1. You can select the values for the role of the 14 15 druq: 1 for the suspect, 2 for concomitant and 3 for 16 interacting drug. You'll also have the element value 17 of 4 to indicate Drug not administered. Occasionally, this situation is observed in the IND-exempt BA/BE 18 studies where the subject experienced serious adverse 19 20 event without being exposed to a study drug. For 21 example, if the subject was signed the consent form

1	for an IND-exempt bioequivalence study, has an
2	accident and was hospitalized even before the study
3	drug was administered, because of the outcome of
4	hospitalization, that accident would constitute a
5	serious adverse event that must be reported to the
6	FDA. And this would be the case that where Drug not
7	administered value can be used.
8	There's an FDA regional data element
9	titled, FDA Additional Information on Drug. This is a
10	data element with maximum length of 2 and a numeric
11	type data with conformance rule of conditional
12	required. So if FDA C.5.5b includes the Pre-ANDA
13	number, any drug exposure is required to have at least
14	one of these data elements listed in this table. 1
15	for test, 2 for reference, and NA for all other drugs
16	or if information is not available. This data element
17	is unique to the OGD and an important one for us to
18	understand the correct drug exposure in reviewing the
19	pre-market safety reports.
20	In this presentation, I have
21	highlighted some data elements required to

Page 124
successfully submit the IND-exempt BA/BE study safety
reports. However, as you have heard earlier today,
there are a lot of other data elements necessary to
make up a successful electronic pre-market submission.
So I highly recommend referring to Technical
Specification Document for more information on other
ICH and regional E2B data elements.
To support this transition sample xml
files are made available at the FAERS website. Please
feel free to take a look and let us know if you have
any questions. Finally, please review
acknowledgements and notifications as you start
submitting the electronic pre-market safety reports.
These will indicate status of submission whether the
submissions are accepted or rejected. And in case of
rejection, the reason for rejection after submission.
Again, the FAERS electronic submission coordinator is
available to help with any issues.
I would like to end this presentation
with encouragement to the companies considering
voluntarily electronic submission of IND-exempt BA/BE

1	safety reports by reviewing the advantages listed in
2	this slide. First of all, the pre-market safety
3	reports will not be in the public space. FAERS II
4	will use specific data elements to identify pre-market
5	safety reports and sequester them from post-market
6	reports that are available in the public portal. And
7	secondly, for efficiency purposes. If not all, most
8	of the pharmaceutical companies with approved products
9	already have a pharmacovigilance system in place. And
10	if you are here listening to our presentation, the
11	chances are very high your company already has IT
12	systems that support E2B submission of post-market
13	safety reports to FAERS. IND and Bio-IND pre-market
14	safety reports will be required in electronic format.
15	It just makes sense for efficiency purpose to have all
16	safety data in one submission method, including IND-
17	exempt BA/BE safety reports, with the added benefit of
18	automated confirmation of receipt.
19	Another advantage of submitting IND-
20	exempt BA/BE safety reports in electronic format is
21	supporting generic drug pharmacovigilance. This

	Page 126
1	transition will improve generic drug safety, signal
2	detection and enhanced data management and analytics
3	both in your own drug safety system, as well as the
4	regulatory environment at FDA.
5	So with this, I would like to end the
6	presentation with acknowledgement to my division
7	management as well as Suranjan. Thank you for joining
8	us and looking forward to engaging with you during the
9	Q&A session.
10	And now, I'll give the podium back to
11	Suranjan. Thank you.
12	MR. DE: All right. Thank you, Jung.
13	Okay. So with that, we will get into
14	the next area of the presentation, which will be the
15	validation and implementation.
16	So when we talk about validation, what
17	we're talking about here is how do you validate your
18	XML file that you have generated. How do you test
19	that, how do you make sure that the files are good and
20	will be accepted. So during once, maybe if, you
21	generated your first XML file, you need to be (R3),

1 which includes the FDA's regional extension, now you
2 want to test that. So how would we do all that and so
3 we go into some of the specifics as to how this can be
4 done.

So the mechanism provided into the 5 (R3), so every rule provided a mechanism for industry 6 7 to validate the regional E2B (R3) XML files. The mechanism can be used and will be available to -- can 8 9 be used to pre-validate prior to production submission 10 and it will be available to everyone through a public The URL will be posted on the FAERS Electronic 11 URT. 12 Submission webpage. You can, and I will show you in 13 the next screen, as to how that validator looks like. 14 But the validator is somewhere where you can upload a 15 file and say validate and test the file. But when you 16 uploading the file these files are not stored with us. 17 It's for temporary validation and it will tell you all the issues that the file has, or it will say that the 18 XML is valid, which means, you know, when you submit 19 20 through the Gateway, the data will -- and the file 21 will be accepted. Okay?

Page 128

1	So in order to do that basic
2	validation, let's see how the validator screen
3	typically will kind of look like. So here is the
4	mechanism for to validate E2B (R), either E2B file.
5	So if you look here, that on the screen there is a
6	browse button. When we link, that will be provided on
7	the Electronic Submission page. When you click on
8	that link updates will open up which will say E2B
9	Validator. You can browse and pick the XML file that
10	you want to test and show your source, which will say
11	FDA_R3, which means we are using the (R3), you know,
12	we are sending to the (R3) structure that you have
13	picked. And with regional elements of (R3). The XML
14	file is shown here, what the file is. And then,
15	basically, you have you will have a button which
16	will say validate. And you probably will not have the
17	converter XML, because that too actually have can
18	also convert and (R2) to an (R3). We will have not be
19	providing that. We just providing to validate your
20	(R3). So you'll have a validate button and as soon as
21	you click on the validate button, you will see the

1 list of issues that the XML file has and it's in the 2 screen you see here at the bottom, it displays the 3 list of issues that that file have. If there were no 4 issues, it will say it's a valid XML and -- and then 5 you are good to go to submit this.

Now, again, remember that when you're 6 7 using this validator, this validator is something that you will use just for a temporary period of time. 8 Ι 9 mean, we don't want you to before every submission, 10 production submission, you are going to the validator and validating it. Because you might have so many 11 12 submissions and this validator can only validate one 13 XML at a time. Right? So the idea here is that when 14 you are doing your validation, any issues that are 15 identified, you will probably go back and fix that in 16 your safety database so that this issue doesn't happen 17 for the ICSR you just validated and for any future 18 ICSRs that you will generate from there. So this 19 validator is more than way of checking everything is 20 good, so that you have a process running and you 21 probably don't have to come to this validator anymore.

Page 130 So this validator will be more used through kind of a 1 2 first-time thing. But once you've corrected 3 everything, you probably don't have to come to this 4 validator anymore. 5 So then to this will actually give, you know, a way for you to test, rather than emailing us 6 and depending on FDA to respond back every time, this 7 validator will really help you to expedite your 8 9 validation. Okay? 10 Now, with this validator, the next thing is we go into what some of the implementation 11 12 plans are and where we are. Right? We have list of 13 regional specifications, there are certain things that 14 we have here. We published a regional specification. 15 We published on April 2022, and the link below here 16 kind of give you whether it's published. We also have 17 some updates in August of 2022, I believe, and then we 18 had some updates in January, I think, again. Because as we are implementing, especially that spreadsheet of 19 20 those core and regional elements have been updated. 21 But we are almost there, I mean, there is no major

Page 131 1 changes to those. There's one or two business rules, 2 you know, but the data elements are still the same, 3 the active rules are still the same, there's no 4 changes to that. 5 Any progress, what we have is to investments, so we are enhancing both of the tools 6 7 that we have, which is the LSMB Tool and the Audit Subject Tool to include regional extensions so that 8

9 each of these tools is used for, which is to and 10 from -- which is used for case processing that we do. And then, we have the Audit Subject Tool, which is 11 12 used for data analytics and several -- and because of 13 (R3) elements, they all have to be -- and regional 14 elements, they all have to be enhanced and updated. 15 And also downstream system enhancements because we 16 also have some downstream systems this data goes to 17 that also need to be enhanced. So that role is now in 18 The Gateway is set-up. I think we have progress. 19 completed that for pre-production environments set-up 20 up for routing ID. And set-up up has been completed 21 for inbound and outbound folder, so the set-up up for

Page	132

ESG is completed. We are now, we have yet to start 1 the system testing because I think that just only may 2 3 have started because we just got release from the tool, release back from the tool vendor, so we staring 4 5 the testing, probably not as much as deployed and it fixes our issues and identifies what issues need to be 6 7 fixed, so that system testing, so that's basically 8 will be happening. It started to happen, and it was a 9 continuous process so as we find issues we will go back and forth with the vendor to make sure that the 10 issues are fixed. Then we want to do some pure 11 12 industrial testing, which is just with a few companies 13 we want to do in this, just that we cannot do more 14 than eight or nine. We have identified a few, we have 15 got some responses from a few. We will be just 16 testing with them, but again, I said that the 17 violation tool, which we saw in the -- in the previous slide will be available very soon. 18 I believe that testing is going on for the validation code right now, 19 20 so that will be available. You can do as much testing 21 as you want, even though, you know, you have not been

	rage 155
1	invited to do specific testing. But you can do as
2	much as testing as you want. And we will test both
3	pre and post-market ICSRs for these, some companies
4	with the viable Gateway. You know, testing like times
5	will be late summer, some time in probably
б	July/August, and we'll have also a second round of
7	testing sometime in October if any issues show up and
8	test the E2B validator so as we showed the previous
9	thing that you do validator, you can test there as
10	much as you want in that validator. There is no, you
11	know, there's no limit to that. You can test as many
12	as many times as you want.
13	At the end of the day, we will be
14	basically, especially for those specifications for
15	testing, we will be providing like S progress and all
16	that. But for everybody else, you know, again, I
17	repeat that the E2B validator will be available, and
18	you can go and test that. Because I think the first
19	step will be to make sure that XML file is correct and
20	it's a valid XML file. So that will take some steps
21	to be done.

1	Gateway testing, it's the same gateway
2	testing, except that, you know, you have to route it
3	to a different location. You know, if you want to
4	send something that you are not ready, you have looked
5	everything through the E2B validator, your XML file is
б	approved, everything is set-up, now it's just you
7	want to just test the acknowledgements, just let us
8	know to faersesub@fda.hhs.gov and we will work with
9	you to, you know, get some of those XML files that you
10	can submit through a pre-production on test gateway
11	and have acknowledgements. Because you should already
12	get acknowledgements once you start submitting through
13	the pre-production of the test gateway.
14	And public communication, we are
15	communicating by SBI Conference, we have G-Prod
16	meeting, which is happening today, we have some BI
17	conferences and our page on the Electronic Submission
18	webpage will be updated. Right now, the way you see
19	the Electronic Submission webpage for FAERS, pre-
20	market at the top, post-market is at the bottom, we're
21	going to have separate pages for E2B (R3) and then

	Page 135
1	and then separate for (R2) so that, you know,
2	eventually at some point, we will break out (R2).
3	There's no date yet in regards to (R2), so we'll have
4	two separate pages so that we can redact that page
5	when we redact (R2). And we are preparing Q&As for
6	the technical specs onboarding and any inquiries, so
7	this Q&A, as you are submitting a Q&A here, and with
8	all the communication, the first that we've had, we
9	are using those questions to prepare the Q&A and we
10	will be posting that, you know, sometime as we come
11	close to the implementation date.
12	Lastly, we actually have the
13	communication go live date that will be communicate to
14	the FAERS Electronic Submission page. We don't have
15	an ETA, we just heard that, you know, we are trying to
16	get something done by end of this year for voluntary
17	submission of IND Safety Reports. But until that date
18	you get, you know, we are ready, sponsors continue to
19	submit pre-market ICSRs and post-market ICSRs in the
20	ECPD and the E2B (R2) format respectively, until FAERS
21	is ready for (R3). So please do not start submitting

	Page 136
1	(R3). Let us all be ready fist and then you guys, you
2	all can then start submitting during the voluntary
3	period. Okay. So until then, eCTD and E2B, of pre
4	and post-market respectively.
5	Okay. All right. Next. Sponsors
6	should notify when they're ready for the first
7	production submission. Just as a courtesy so that we
8	all know that you will be submitting so that we can
9	keep an eye on it that you're first submission in
10	(R3), and we all have been done through (R2), but
11	first submission in (R3), we'll keep an eye on that.
12	And all submissions regarding, you know test
13	regarding testing must be sent to
14	faersesub@fda.hhs.gov, with subject line asking to be
15	(R3) testing. So that, actually, that helps us that
16	you want to go through some E2B (R3) testing.
17	Now, if you look at this timeline, so I
18	can give you some points on this timeline what the
19	standard is saying. So we don't have a date. Okay.
20	We don't have a date when FDA goes live with E2B (R3)
21	and the safety reporting portal. Okay. Consider that

	Page 137
1	date as 00. Okay? Consider that date as 00. So from
2	the 00, to all the way up to year two, you have the
3	volume needed to submit the ICSRs in E2B (R3) format.
4	Because many companies will be preparing for E2B (R3).
5	Some companies may be ready. But during that period,
б	as you're getting ready to start submitting in E2B
7	(R3) format. Okay. Now, you get two years, so you're
8	at two cups, this is where you have mandatory ICSR
9	submission by the ESG or the SRP. And from that point
10	onwards, you have to go into mandatory ICSR submission
11	using E2B (R3) format or by SRP. So this is how
12	the would work. Now, when is it 00, when is the
13	00, as we said? End of this year. We are trying to
14	make that 00, but please don't hold that to us. We're
15	trying our best with all the condenses that we have
16	that, as I said, if we will notify 30-days before when
17	FDA is basically ready to accept E2B (R3). 30-days
18	prior to when we can become ready, yes.
19	Now, a few suggestions or
20	recommendations here for all of you. It's during the
21	voluntary submission period, for pre-market ICSRs.

1	Okay. And I'm talking about pre-market ICSRs, you
2	literally can use the Safety Reporting Portal for
3	submission, if you can. Because what it will give you
4	is if you go to the Safety Reporting Portal, we'll get
5	you an account, you can then enter your own safety
6	report ID on what we call is a Manufacturer Control
7	Number or MCN. You can use your own safety report ID.
8	The advantage that it gives you is that you don't have
9	to now submit 1571 or the cover letter and it
10	eliminates sending the report to your company's area
11	prefix. Right? Is not mandated. Let me repeat, it
12	is not mandated. Because you have an advantage and we
13	also have an advantage that the report is only
14	electronic because if at that time you're submitting
15	through the SRP during that voluntary submission
16	period until you are ready, with E2B (R3), but it's a
17	web-based form, we'll have the data we'll have the
18	data until, you know, OCR or whatever we do. And data
19	into it and make sure things are coded and all that
20	all that. The Safety Reporting Portal, whose active
21	duties are also a win for us. Okay.

	Page 139
1	So that is one choice that you have.
2	You can do that. So during that year, you go into
3	year two, you can use the Safety Reporting Portal
4	until you are ready to submit through the Gateway.
5	But once you once ready to submit pre-market safety
6	report, you need to be (R3) format via Gateway, then
7	you notify us, and we can deactivate the SRP account.
8	And once you deactivate it, as I said at this time,
9	you cannot submit to both methods at the same time.
10	We will deactivate that account and then from that
11	point onwards you will be submitting the E2B (R3) XML
12	file through the Gateway. Okay.
13	So in your choice, you can let us know
14	and we will walk through to, you know, get you an
15	account, so. It takes again, as I said, it takes
16	about five business days, so the sooner you could do
17	the better it will be and if every company starts
18	coming like this, you know, we will have probably get
19	into some backlogs so, you know, when we notify this
20	to you and when we are ready, we'll notify this to
21	you, if you want to submit through the Safety

Meeting

Page 140

1 Reporting Portal, please let us know once we have 2 notified to you that we are ready so that we can 3 create your account. Okay?

So data submission change that may 4 5 happen once you move to E2B (R3) for IND Safety So the change that will happen is, here's 6 Reports. 7 what is happening. So this picture kind of shows what is happening today. You have the sponsor, you submit 8 9 a letter up front to eCTD, it goes to our Gateway. We 10 have our re-submission database that the data goes to. And then front there, we keep that and we will send it 11 12 back to FAERS and which means that the network has to 13 be data entered into the FAERS database. And so we 14 will have it in FAERS. So that is the process that 15 will happen before the first two years.

Now, once that two years is over, okay, if you have done -- completed and are ready to submit E2B (R3), within that -- within that two years this is what will happen. So, yes, what will happen now is that your sponsors will submit the E2B XML to the Gateway and from that Gateway, it will still go into

1	FAERS. So which means, you don't have to submit that
2	MedWatch, just on about the MedWatch, to the eCTD and
3	won't be in on the new to submission database because
4	it's already going into FAERS, like all the post-
5	market reports. And eliminate a step, be save a step
6	in FDA to not take that MedWatch and enter it into
7	FAERS. Right? Because the XML has already come and
8	the XML sending to the Gateway will send you an
9	acknowledgement back to your safety data an
10	acknowledgement back which will be in your safety
11	database and two acknowledgements will go there so
12	that is a record for you that we have submitted the
13	(R3) safety reports to at the end. So this will be
14	the process that the change that will happen when
15	you move fully into submitting IND Safety Reports
16	using E2B. Okay?
17	So now, going into rejections and
18	warnings. I want to focus little bit on the
19	rejections and warnings because rejection and warning,
20	that's very important that things will get anywhere
21	rejected and you will all want to be aware of that.

1	So our saying is we recommend, do not include greater
2	that hundred ICSRs in a single batch. It really helps
3	us, and it really helps us in it probably helps you
4	all too. Maybe the file, because it doesn't create a
5	huge, large file. It's also easy in transmission,
6	smaller files. It's easy to parse and load into our
7	FAERS database and then soon I'll be able to send
8	acknowledgements, you know, sooner, quicker, faster
9	than having large batches. So if you have, let's say
10	300 ICSRs to be sent, you know, send three batches
11	each with 100 ICSRs. And that will also be processing
12	much faster. Also, ICSRs in a single batch must have
13	the same sender. So the sender information that you
14	have, the batch that you have for sender, the sender,
15	what do you call, the batch the sender identifiers,
16	it must be the same in a single batch. Right? You
17	cannot please do not use different sender
18	identifiers in one batch. Right? So one batch would
19	have 100 ICSRs and they can be from the same sender.
20	All the ISCR batch must be for a common
21	receiver. What do we mean by this? That means

Paq	e	143

batching all post-market ICSRs together. Okay. Or 1 2 all of them -- and I'll give an example, all pre-3 market receiver together. All right. So do not put pre and post-market in one batch and send it to us. 4 5 Right? Because, like I said, very important that data does not go public. So that's why submitting it out 6 7 will always make it easy for us to catch that and be put into different buckets, so they are not published 8 9 publicly. So do not mix pre-market ICSRs for CDER 10 with CBER, or pre-market ICSRs with post-market ICSRs 11 in the same batch. Okay? 12 Again, I have this data table here. 13 Right? A very important table. So follow this table 14 and submit your batches, also. 15 All ICSRs must be coded in the latest 16 version of MedDRA, you understand that. Another 17 important area to note on rejection is, do not send 18 initial and follow-up reports in the same batch. Ιf you send initial and follow-up, it will be difficult 19 20 to know, and we may anticipate the follow-up as 21 initial first. So if you put it in separate batches,

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1	then we know which came first, which came next. Do
2	not send follow-ups in the same case, in the same
3	batch. Right? That means you're sending that batch
4	at that point, you know, in case you have forgotten
5	about the follow-up if you were going to send that,
б	and most, I mean 98 percent of the time, I would
7	believe that, you know, when you're sending that and
8	completed the report and follow the batch, you know,
9	you should not have two follow ups in the same batch.
10	So please keep that in mind. Okay?
11	Next, do not submit modification or
12	amendment ICSRs in the initial report. If you have a
13	modification, it can't be the initial report because
14	only have the initial report we will know that you are
15	sending a modification. Right? So do not send
16	modification or an amendment. In the way we have the
17	initial report, you will not know about an amendment
18	so your amended report cannot be the initial report
19	and your modification report cannot be the initial
20	report. Okay?
21	So there are other regions where, you

Meeting

Page 145

know, specific rejection and warnings, but these are 1 2 many reason there are rejections that are related to 3 what ICH has said. These ones, which you will see now, are specifically what FDA says. So this has --4 was extracted from that spreadsheet, the ones which 5 Okay. That is regional extensions. 6 are regional.

7

So back to receiver identifier, we talked about that, that ICSR sent to post-market route 8 9 should not have a value ZZFDA. Should not have the sent to -- sorry. Yeah. Back to receiver identifier, 10 which is saying that ICSR send to -- so that there has 11 12 come we have rejected that and we're saying that ICSRs 13 were sent to post-market route, it should be other way 14 around. So oh, they're saying to you that the ICSR 15 you send to the post-market route does not have the 16 value ZZFDA, so that's why this error shows up. The 17 next one say the ICSR sent to the pre-market route 18 does not have the value ZZFDA and is called pre-19 market. That's why this error has shown up. 20 Then the message receiver identifier, 21 so N.2.r.2 provided is not seen SR reports and does

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	Page 146
1	not match with N.1.3. So the N.1.3 is basically the
2	message that sender identifier, I believe. So they do
3	match, and it should be the same for all the reports.
4	They have a message receiver identifier. In this are
5	two rules that if N.1.4 is ZZFDA then N.2.r.3 is not
6	CDER. That's why the error message came and then
7	similarly, you have N.1.4 is pre-market, ZZFDA is pre-
8	market, but N.2.r.3 is not this, these values. So
9	that's where it errors have shown up.
10	Then you have type of report. If N.1.4
11	is pre-market, then you know C.1.3 must, is not 2. It
12	should be 2 clearly, you know, it says removed from
13	study. Documents held by the sender must be put here
14	as C.1.6.1 is true, we have documents that are to be
15	included and the last one here.
16	The last one I want to show on this
17	slide is that the case footprint and criteria. We
18	talked about this, we said that your initial report
19	cannot have a value of NI, because you have to say
20	does it contain criteria, true or false. The initial
21	report cannot have the value of NI.

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	Page 147
1	Other regional some other data
2	points, local criteria report type. So the local
3	criteria report type, we don't know when these errors
4	will come. So you will get a error if your
5	B.S.e.1.7.1 must have the observation code value of 1
6	or 4, when in a B.S.e.1.12, which I think is
7	combination product, and C.1.7 is true. So these are
8	some of the data values that checks will happen for
9	the local criteria report value and get you a
10	rejection.
11	There are two warnings here, which is
12	identification number of the report, which is linked
13	to the report, so Veronica talked about the links
14	reports for aggregate. So should be, so C.1.10 simply
15	provided when B.1 is aggregate. Will not able to
16	give you a warning, but we would like it to. Correct
17	it the next time.
18	Study medical reaction. So if you have
19	C.5.4 should be 1 when B.1 is aggregate. So I think
20	there is an alternate rule saying that if you have
21	type of report is report from study, then you still

need to have the study type which should be 1,
 clinical trial. So that should be there, but then we
 are asking you to also have the patient D1 as
 aggregate.

5 ID Number as adverse encounter, very It's C.5.5a must be provided when 6 important here. 7 C.1.3.2 is report from study and N.2.r.2 is CDER IND 8 or CBER IND. Same with the pre-ANDA number. And IND 9 number for cross-reporter IND. So if it's not 10 provided, if this particular field is not provided our nullflavor is not referred to as NA. When you have 11 12 the IND number, the participant number there, the 13 participant number is provided. So if you don't fill 14 this field up and you don't say it's not applicable it 15 will get an error because you said it is NI, you said 16 that IND number where it wasn't even occurred is 17 there.

So next field we have elements is patient initial. We talked about the aggregate. We did talk about, oh. There's on important thing. If a patient it says, D1 must have a nullflavor NA when FDA

	Page 149
1	C.1.12. which is, I think, this is for accommodation
2	products, is true. And FDA G.k.12.r.1 is true. That
3	means is non-function and E.i.2.1.b is report to that
4	Med Report, which is no adverse event. So which means
5	there was no adverse event, there was only
6	malfunction. It wasn't a combination product, so D.1
7	must use the nullflavor, NA. Because it was not of
8	any patient. It was a non-function that happened and
9	there is no patient involved.
10	Date of death, we talked about patient
11	race and ethnicity also. We talked about that when
12	you have, you can put it as nullflavor NA and the D.1
13	is provided as NA, some on your aggregate that means
14	there's no patient here or there's a group of patient
15	here.
16	Characterization of drug rule also we
17	did talk about. The specific rules here. Right? And
18	then we have and then we have FDA other
19	characterization.
20	We talked of the similar device and
21	lastly in the slide before we take a break it is about

1	some data elements that we have like the source of
2	assessment, the method of assessment. I mean, they
3	need to be provided when you have when you have IND
4	event, adverse event occur. Value is there and then
5	you have it's a report from study, then you have to
6	provide these values. Then we'll have the malfunction
7	flag because you're talking about the malfunction then
8	you're talking about a combination product, so you
9	need to let us know if it is true or false. We have
10	the device problem code, because if malfunction, you
11	have to let us know what these problem codes are then
12	we need to have the rules for the common device name
13	because as we talked about the rules, if we have to
14	have if you have a device brand name or common
15	device name, it you don't have, actually, common
16	device name or brand name you need to provide us with
17	the device product code and also the device brand name
18	and device common device name is required when it's a
19	combination product. But if you don't have it, you
20	will submit it as no information, but then give us the
21	device product code.

	Page 151
1	And so with that, we are at 1:45 and we
2	will take a break of 15-minutes and come back at 2:00
3	p.m. and then go into some of the areas with OIDs and
4	forward compatibility and then eventually close up
5	with Q&A. Okay? So thank you and we will join back
6	at two.
7	(Off the record.)
8	MR. DE: All right. So welcome back.
9	The next two topics are talking about
10	FDA specific object identifiers so going into the next
11	slide, which is the object identifier, let's talk
12	about let's just you know, let me talk about
13	what this is and how we have set-up this up for the
14	regional elements in FAERS.
15	So an object identifier is a sequence
16	of numbers that numerically identifies an object. And
17	the reason I'm saying this is because you will find
18	some object identifiers you may not recognize and just
19	to give you what one of these identifiers are, I think
20	it would be useful when you see the X fact what the
21	identifiers are and what values you need to send in

Page 152 1 the X amount of those identifiers. 2 So each of OID corresponds to a known 3 in the product tree, in the hierarchy. So it is formally defined using the International 4 Telecommunication Unions added to you for each 5 standard X.6.6.0. The rule of the tree contains the 6 7 following three -- you have zero that is the 8 International Telecommunication Union, you have 1, 9 which is for ISO and 2 which is joint ISO and ITU. So 10 if you look at any of these value numbers, if it like starts with a 2 that means it was a tree and is a 11 12 joint value between ISO and ITU. These numbers are 13 written either as a string of digits separated buy 14 dots or as a list of named branches. So to give you 15 an example of MedDRA it should be of those. Ιf 16 identified by the OID 2.16.840.1.113883.6.163. So 17 what does it mean? That means that this object identifier in the Union guide could identify anyone if 18 they use this OID number. And the OID number, every 19 20 number has got some significance, which is that it is 21 2, starts with a 2, which means it's a joint ISO and

16 identifies the country, and 14 is U.S. 1 ITU. 1 is 2 an organization. 113883 is an HL7 standard. And then 3 you have external code system, which is 6. And then you have 163 which points to MedDRA. So which means 4 that the data point it says MedDRA code was OID will 5 be 2.16.840.1.113883.6.163. That is how this has been 6 7 set-up up.

So let's go into the HL7 the UN 8 9 pharmaceutical base. This is a bit informal and from 10 here we went into identifying how will be identifying specifically that element, that regional element and 11 12 define that. Right? So this is a huge complex model. 13 So in that complex model, we look for and how do we 14 define some of the regional data elements. So going 15 into the next slide, going into like the type of 16 report you see the investigation characteristics. 17 That's the class that we took, the HL7 with the CE as 18 the data type. Okay? If you look at the data type 19 for this data element, the type of it, it shows as an 20 example. We already have the type of reports. Ιt 21 shows as an example that you have the core system,

which is a OID, and it is a data type which is CE, you 1 2 know, and the value type would be, OBS in observation 3 would be in a data type any and then the use of the C, C for this instance has been used. So as I said, it's 4 an ICH report type and we just showed you the type of 5 report, C.1.3 because using that same concept we, you, 6 we created the regional data element, which is a local 7 criteria report type. So if you look at the local 8 9 criteria report type, the only difference is the code 10 system that we have, it says 2.16.840.1.113.883.3.989. Then you have .5.1.2.1.1.1 and we'll tell you what 11 12 each of these actually means. 13 And so going to the next slide, we have 14 another example of study administration number and

we're showing, you know, what the root is and what the extension is, so which is taken from the study's registration class and -- and then that you'll have the instance added to five, which is an extension STN the UID rule that we have. This is just to give you an example of and the type 2 data type that we have. Now, comes the FDA point, and if you

1	look at this, you see the ICHR. So when we talk about
2	5.1.2, up to 989, we are all clear that this stands
3	out all the way up to ICH. Then we have the regional
4	specialized, which is 5. Then we have the sub-region
5	1 FDA, which is 2. And then after FDA, we have using
6	if for FAERS, which will be 1 or if it was used for
7	eCTD, it will be 2. So that is how the OID, FDA OID,
8	has been set-up up. So it goes all the way up to ICH,
9	then it has the regional specialized in sub-region and
10	then FDA. Some other region, maybe 3, some other
11	region maybe 4, some other region FDA region 5, so
12	that FDA which is 2 is 2 for FDA, it could be 3 for
13	some other region and 4 for some other and so on, so
14	forth. All right?
15	But if you go into the next slide.
16	Okay. So in here, now, let's look at the entire
17	thing, which goes all the way up to 5121. So you have
18	the joint ISO/ITU. You have the country, the U.S.,
19	840. Organization, which is 1, HL7 which is 113883.
20	External group uses 3, ICH 989, regional specialized
21	is 5 sub-region 1, FDA 2, FAERS 1. Now, we have a

	Page 156
1	data element called local criteria report type.
2	Right? So that local criteria report type is .1. So
3	at the end you'll see the .1, that's the local
4	criteria report type. So now we know that why that
5	OID is there because it's the regional feed and
6	looking at all that, we'll exactly know that this
7	local criteria report type is specific to FDA and not
8	any other group or any other region.
9	But then, they have the operator for
10	the device. So the operator for the device, if you
11	look at, it's .2. So we go through all the way.
12	Right. Now, you have the code list, which is 51
13	512 and FAERS is 1, then you have the code list for
14	that local criteria report type is 1 and the value in
15	that is .1. So when you go to that .1, it tells you
16	that these are the values, 1, 2, 3, 4, 5. Then you
17	have the operator of the device, which has a value of
18	1, 2, 3. How do you define that value, 1, 2, 3, that
19	we go all the way up to .2 at the end, which takes us
20	to the value. So which means 5 becomes so FAERS is
21	1, which is the third number from the right. And then

1	you have 1, which is in red, then .1, which means a
2	support list, and then 6, operator of the device is 3.
3	So these are the values for that, the OID values for
4	those three. When you have these are part codeless
5	values. Then you have names pieces. So when you have
б	a names piece, the last digit after that 1 is .2 and
7	then you have IND number where adverse event occurred.
8	So .2.1, then becomes that OID for IND number where it
9	was to have occurred. So which means the IND number
10	for this report number is 2 is joined by ISO/ITU,
11	country is 16, U.S. 840, organization is 1, 113883 is
12	the HL7 code, the external use rule is 3989, it is for
13	ICH. The regional specialized is 5, then you have
14	sub-region as 1, then you have FDA as 2, then you have
15	FAERS as 1, then you have name space as 2 and then the
16	last one is 1, which means it's for IND number
17	and number. So if you take that same concept, the
18	pre-ANDA number that occurred is goes that way. So
19	it's .2 at the end for that.
20	If you have an observation code, so you
21	have combination product flag. Right? Observation

1	code of true or false, then the observation code goes
2	as the ICH is 989, then you have a regional
3	specialized as 5, sub-region as 1 and FDA is 2, FAERS
4	is 1, and then .3 is for observation code. So .1 is
5	codeless, .2 is name space, .3 is observation code.
6	And now, we have a combination product fact which is
7	.3.1. We have the single use device which is .3.2,
8	and so already we will have for remedial action .3.3.
9	So that is how the FDA FAERS OIDs are being set-up up.
10	So tomorrow if you have any other new data points,
11	that is how the OIDs will be set-up up for that. So
12	that is how you will expect the OIDs to be defined and
13	to be used.
14	All right. So this is basically all
15	about FDA OIDs as the keeper of this knowledge that I
16	wanted to share so that you have an idea how FDA OIDs
17	are being utilized. Okay.
18	So with that, we are going to go into
19	the next topic which is, there's been some questions,
20	on (R2) to (R3) regional forward compatibility. So
21	what is this regional forward compatibility? So you

Page	159
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1	have been submitting into E2B (R2) through FAERS,
2	through the Gateway. When we move to (R3) what all
3	regional data elements that we have in (R2) that a
4	submitter needs to take care in (R3). Right? So it
5	is very important for us to know that. Now, there are
6	also forward compatibility for all of the ICH data
7	elements that needs to be also considered along with
8	the regional forward compatibility. We did not put
9	anything about the core ICH elements because they are
10	already available from ICH. We've been talking about
11	basically the regional forward compatibility and this
12	list of tables that you will see in the next few
13	slides; they are also available on the FAERS
14	Electronic Submission webpage and then they go,
15	remember what this morning the documentation of the
16	packages, the implementation packages that you have,
17	what document was that. Okay?
18	So the first few elements, the way this
19	forward compatibility is set-up up, the table, that
20	you have a rule, it shows you what the regional (R2)
21	field is, what the description of the field is, what

1 the (R2) values are and then it goes into what does it 2 map to the regional field (R3), the description of the 3 regional field, what the codeless values are and the 4 comment that tells you, you know, how the things need 5 to be mapped. Okay.

So let's take a few elements here and 6 7 go over these elements for forward compatibility. So we have a rule, FDA01. That rule says that for 8 9 element A19 and (R2) element does at least fulfill 10 locale criteria for expected report. The values used to be 1, 2, 4, 5, 6, 15-day, expedited, five day, 30-11 12 day, seven-day. But now, what has happened is that 13 this field now in (R2) now in (R3) is a Boolean field 14 -- now that this needs to map to in (R3). In (R2) 15 this needs to map to the regional extension field 16 called local criteria report type, FDA.C.1.7.1. It 17 has those values, I think that the values are called 18 expedite, non-expedited now. But still, the value is And we map 1, 2, 4, 5 and 6. Of course, 6 is not 19 2. 20 there. Sorry. That's -- we're not doing E2B (R2) for 21 pre-market, so 6 is not there. So when I do 4 and 5

	Page 161
1	should be mapped to 1, 2, 4 and 5 to this new field in
2	(R3). Okay.
3	Another rule is combination product
4	flag, so it's yes, no. In (R2) it's not set-up, which
5	means empty in (R2). In (R2) it is A.1.FDA.15. In
6	(R3), it's become a Boolean field and it a regional
7	element here called combination product flag, but it's
8	two-fold. So the mapping is yes goes to true, no goes
9	to false. If it is not set-up in (R2), then use a
10	nullflavor, NA, in (R3). Okay.
11	Then study guide. So again here, you
12	have 1, 2, 3 then it goes to maps to the same
13	thing. Study type, here, 1, 2, 3. This is a
14	straightforward one.
15	Next one is malfunction. So
16	malfunction flag that we have in $(R2)$ is yes, no and
17	not set-up. Like in (R3), it's true or false. Either
18	there was a malfunction or there was no malfunction.
19	For mapping yes to true and no to false. If not set-
20	up in (R2), then set-up this field value to 4 and not
21	3. Okay.

1	Then we have, you know, correction and
2	additional information response request. So we just
3	say follow up or type of follow up. That's basically
4	the field, so these are the values. We usually have
5	separate tings for these fields in (R2), but in (R3)
б	we have just one field and you can mention the value,
7	I think you can repeat any of these in (R3), you can
8	repeat it and you can have these values there. So how
9	do you map it? The way you map it is if correction
10	was yes, then you send a value of 1. If additional
11	information was yes, that means you send the value of
12	2. So if correction was yes and additional
13	information was yes, then you will send the necessary
14	you will send correction and additional
15	information. Right? As 1 and 2.
16	Since this is a repeating entity, that
17	could be marked with values, each (R2) value as set-up
18	up as repeatable values within the (R3) entity. If
19	the value of (R2) field is null or not set-up, then
20	don't need in (R3), you know, because it's not
21	mandatory field. So but if you have a yes, if you

Page	163
raye	103

1	have yes for one or more of these (R2) data fields,
2	then you will send it as a repeating type. Okay.
3	So we have the next few data elements
4	where they were in (R2), they were all separate data
5	elements, which is that remedial action initiator. In
б	(R3) they become repeatable, same as the previous data
7	element that I talked about. You could have markable
8	values, each (R2) tab value is set-up up as a
9	repeatable value with (R3) and if you just there's
10	in no value if the answer is no or not set-up, you
11	know, you don't send them. But if you have a value of
12	yes, let's say, you had a recall and then you repair
13	and then recall and then replace, both of these, then
14	you will send in repeatable type in a 1 or 2 or a 1 or
15	3 and that's all you will send us in the XML.
16	Then you have, let me jump over into
17	the evaluation value. So the evaluation value is
18	interesting because we had a field called evaluation
19	value, which now we only asking for device problem
20	code. So if your evaluation value used to be 01 for
21	device problems and used to be evaluation value 01 in

relation to code type, should use to be 01. 1 And then 2 you see evaluation value would be actual value of that 3 device problem code. So we have a type and a value in In (R3), we just have device problem code. So 4 (R2). you copy the value of the device problem code, when 5 the (R2) tag has an evaluation type as 01, device 6 7 problem code. Okay?

And later going, this is a repeatable 8 9 field, so you know, you can have more than one device 10 But to keep in mind that a device problem code. problem code from (R2) to (R3) is based on the 11 12 evaluation type of 01, which stands for device problem. And the evaluation value will be the value 13 14 which will go in the field device problem code. So since we are not asking for all other types of 15 16 We are asking only for the device problem evaluation. 17 code. Okay.

18 So the next few fields that we have 19 here is, we have the brand name, that's a 20 straightforward copy. We have the common device name 21 and the product code, which is a straightforward copy.

We have the field rule for the manufacturer names,
 which is also straightforward copy. Device usage,
 again, it's a straightforward copy. Device lot
 number, again, straightforward copy. All taken off
 the device.

The operator of the device used to be a 6 7 free text. Now, we have the values. So in (R2), map (R2) value of health professional. And we used to 8 9 have free text, but we had, I think in (R2) we had 10 still said even though it's a free text, it's an auditable list of the use of values of health 11 12 professional and names or patient. So in such case, 13 if you have a database for the operator of the device 14 in (R2) was, you know, health professional, then in 15 (R3) they become 1, if it is a lay user/patient, then 16 it becomes a 2. Okay. And if (R2) value is not 17 health professional or lay user, then set-up it to 3, 18 which is other. Okay? 19 All right. Some more data fields. 20 This does not require a forward compatibility, but I

21

have shown it here just because it's a regional field.

1	Okay. So there will not be since (R2) does not
2	have the patient race code data element compared to
3	(R2) from (R3), when you are transferring the data you
4	can use the nullflavor unknown. Okay? And then
5	submit that for the follow ups. If you're able to
6	capture the value, then of course, then you can use
7	the value, which are here. But for data, let's say,
8	you have already a case in the database, now you have
9	the patient race code, and you don't have race code,
10	send it as unknown and we should be good to go. The
11	same thing with ethnicity code. That you send the
12	value of unknown if you don't have the value.
13	Okay. Before I inter-mention, since
14	you don't have the value, you know, from (R2) to (R3)
15	you send it as NI, no information. And that's how you
16	map something. (R2) does not have this, now you have
17	your (R3) source to move your case of the follow up
18	that you are submitting in (R3), we use the value NI
19	in that case.
20	And then you have the characterization
21	of the drug rule. Since that in (R2) has a value of

	Page 167
1	1, 2, 3 and 4, Okay. We did not have, you know, drug
2	not administered, we had a value of 4 with similar
3	device in (R2). That similar device now goes to FDA
4	other characterization of drug, as similar device. So
5	when you do that mapping from (R2) to (R3), you will
6	map the (R2 value of similar device to 1 in (R3). And
7	since G.k.1 is required, set-up the value to 4, drug
8	not administered. So which means, your G.k.l in such
9	case will be 4, drug not administered, but any case
10	where you had a similar device, regular value is 1.
11	So in summarizing the last one, if you
12	have a case where characterization of the drug rule in
13	(R2) was 4, you will migrate back to FDA other
14	characterization of drug rule as 1, similar device,
15	and make G.k.1 as drug not administered. Okay.
16	So with that, we go into a summary and
17	let's see what we talk about today. Okay.
18	So today we talked about inter-relation
19	of the E2B (R3) for both pre and post-market report at
20	the same time. So whenever the increment and the day
21	comes it will be both for post-market and pre-market.

Page 1	6	8
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Okay. And it will be both for SRP and Gateway, all
 happening at the same time. Okay.

Next, we have the new day for voluntary
reporting will be communicated on the FAERS Electronic
Submission webpage.

Next is, we talked about if the FDA 6 7 regional code, regional -- sorry. We talked about E2B (R3) core and regional data elements and business 8 9 rule, the document for all four ICH and regional 10 So this was a document that Excel extensions. spreadsheet that we opened up where you were able to 11 12 see all the different tabs in there, you did see all 13 of, you know, what tabs are for what purpose. You saw 14 the X file tab, you saw the actual elements tab, you 15 saw the rules, the rejections, the warnings and so and 16 so for the acknowledgment and all that that you saw in 17 that document.

We talked about using controllable vocabularies, like EVS, GSRS and EDQM and so on. We expounded many times on the separate submission pack and we hold on on the separate submission pack and

	Page 169
1	business rules for IND versus IND-exempt, pre versus
2	post-market, so many of my colleagues, who are also
3	presented, they showed you that table, so it's a very
4	important table to make sure that the table is
5	followed and is aligned in your submission so that
6	reports don't go public, especially for pre-market
7	reports. Okay.
8	We talked about submission methods and
9	mechanism based on AS2 header and routing ID.
10	All right. Next, we discussed also
11	regional extensions, so we went into many of the data
12	elements, almost all of the data elements, actually.
13	We talked about extensions that included the data
14	elements, which included any rules that were
15	different, any any things, and conformance that
16	were changed. All the rules were discussed today for
17	IND, IND-exempt BA/BE and post-market safety report.
18	All right. We went into talking about
19	validation and implementation. We talked about the
20	E2B Validator, and I will repeat again that E2B
21	Validator, once posted, you can use it when it is

posted and you should be able to use that to do your 1 2 testing as you are developing and as I said, as you 3 deliver XML, you can test it during the testing phase. And I also mentioned that, you know, the vendors, if 4 5 they want to get into, want to do the testing, they can request for a testing web created account, which 6 7 then you can test through the validator first, making sure their XML is all valid and then you can test your 8 9 Gateway. For those developing IDs and you should be able to do that through the Web Creator test account. 10 11 Okay. 12 Please let us know if you have any 13 issues requesting those test accounts. You should --

14 it's straightforward. It's on the internet, it's on 15 the fda.gov, how to request for those test accounts. 16 E2B Validator, as I said, will be posted on the FAERS 17 Electronic Submission web page. All right.

Then we have, we went over the regional specific rejections and warnings. So we saw all the different rules that we have for rejection. All the rules that we had for warning, and we went over the

1	list. And as I said, these are regional specific.
2	There are code ICH specific rules, but what I talked
3	about today is regional. For the core ones, you have
4	to get into the Implementation Guide, look at the core
5	rules. Today, FDA just talked about their regional
6	specific rules.
7	We went through overview on the FDA
8	OIDs, the regional extensions. How the FDA OIDs are
9	set-up up, how those number are. Why those numbers
10	are that way. And in future, if we have any new
11	regional extensions or data points, new data points,
12	that is how those OIDs will be used and that is how
13	those OIDs will be, basically set-up up.
14	Of course, we will go into the HL7 more
15	to look at the right location, the right data point
16	that is to be used to define that field, you know,
17	what type of data point, data field, but then the OIDs
18	will come along with it. And, of course, if there are
19	any observation code, then we will first look at the
20	standard organization to make sure the observation
21	codes are there before we create our report. Okay.

Page 172 1 And lastly, we went through the (R2) to 2 (R3) forward compatibility and regional elements. We 3 went over some of those specific ones where we need to keep an eye on when you are moving from (R2) to (R3) 4 5 when you, you know, do your submissions, do the testing with (R3) making sure that the forward 6 7 compatibility rules are in line. Also, please make sure that along with the forward compatibility rules, 8 9 that the regional elements that we talked about, 10 please do not forget the core and ICH elements that are in the Implementation Guide of ICH, so you need to 11 12 also look at that. One thing that we are not doing is 13 once we're moving to (R2) to (R3), we are not moving 14 back to (R2). We are not doing a backward 15 compatibility of things. We might use some of the 16 backward compatibility just for our internal purposes, 17 just to making sure that certain data points are kind 18 of populated from a perspective of, like for example, the data elements of seriousness, which is at the 19 20 event level, we would want to roll it up at the case 21 level, so how do you do that. So that's where we may

	Page 173
1	use it. But please, from a submission perspective,
2	we're not going from if you move to (R3) you're not
3	going to (R2) back. Okay.
4	And the (R2) to (R3) forward
5	compatibility is only applicable for post-market
6	safety reports. So that's where we today so with
7	that, we will just the next slide is some of the
8	references. These are all the documents that we have
9	and so many places you have seen these document names
10	wrote down, so these are accessible, we will add these
11	links. You can go and download them and look at them.
12	So with that, we will take a short
13	we'll come back at 2:40, it's 2:36. We'll come back
14	at 2:40 to now start answering question and answers
15	that you have been submitting throughout the day. All
16	right? Thank you and we'll see you in four minutes.
17	(Off the record.)
18	MR. DE: All right. All right.
19	So we are back, and we will start with
20	some of the questions that we have for IND Safety
21	Reporting. And so far, that Veronica, I ask you to,

	Page 174
1	you know, repeat the question and then give a
2	response.
3	DR. PEI: Okay. Thank you.
4	The first question is, "Could you
5	please confirm that for IND cross-reporting, sponsors
6	will submit only one report to primary study IND and
7	list all INDs in the report that requires cross-
8	reporting. Is that correct?" And the answer is, yes.
9	The second question is, "For the date
10	of death, and if you remember that element is D.9.1,
11	you advised as if result in death that element is
12	E.1.3.2a, and if that value is true then date of death
13	is required. However, it was not mentioned that the
14	nullflavor is accepted for this value. Is the
15	nullflavor accepted?" And again, the answer here is
16	yes. It is correct. So just to clarify it, so the
17	date of death is required if the death value is true.
18	But it's not you don't have if you have a null
19	value, such as MSK mask or ASKU, which is ask unknown
20	and the NASK not asked, you can use those three null
21	values for the date of death.

Page 175 1 Another question is, "Regarding 2 analysis of similar events requirement for IND Safety 3 Reporting, is there a specific data element where this information should be provided?" So the answer to 4 5 that question is, no. There is no specific data element for the analysis of similar events. 6 7 The second part of the question is, refers to, "Where to report this information?" And we 8 9 would recommend that you report this information in 10 the narrative portion of your submission. 11 All right. Thank you, MR. DE: 12 Veronica. 13 So my next, I will request Jung Lee to 14 answer some of the question or give response to some of the questions that she has -- that has been asked 15 specifically to the IND-exempt BA/BE. 16 17 Thank you, Suranjan. MS. LEE: 18 So the question is, "How do I identify the product name for a study drug?" The submitters 19 20 should use the drug substance name (the non-21 proprietary name) in the G.k.2.3.r.1 and proprietary

name in G.k.2.2 to answer the question. The name
 should fit within the established E2B character
 lengths.

The second question is, "What study drug should be identified in the IND-exempt BA/BE study reports?" Submitter should report all drugs to which the subject was exposed using the appropriate E2B data fields referenced in the Technical Specification Document.

10 The next question is, "How do I 11 classify the subject's drug exposures?" Each of the 12 subject's drug exposures should fit into one of the following classifications: first, Past Drug Therapy, 13 14 second, Drug Exposure During Study Enrollment and 15 Follow-up Period. For the Past Drug Therapy, they should include any drug the subject was taking prior 16 17 to study enrollment that was discontinued prior to 18 study initiation. These drugs should be reported 19 using the E2B data element D.8.r, Relevant Past Drug 20 History.

21

Secondly, for the Drug Exposure During

Study Enrollment and Follow-up Period, drug exposure
 during study enrollment may include the test drug
 reference, placebo, vehicle and/or other drugs (such
 as an allowed concomitant drug) administered to the
 subject during the study or protocol-defined follow-up
 period.

7 Question number four, "What are the appropriate descriptions of data elements for 8 9 reporting subject drug exposures that occur after 10 enrollment in the BA/BE study?" As in my presentation, there are three important key components 11 12 to remember when reporting the drug exposures. One is 13 the name of the drug. Give us the proprietary name or 14 substance name if there's no proprietary name. Second 15 of all, give us the role of the drug played. Was it a 16 suspect drug, a concomitant drug, an interactive drug 17 or was no drug administered at all? Third and the 18 last component mentioned was, "Is this a test or reference drug?" If unknown or neither, then let us 19 20 know by flagging that as NA.

21

And the next question is, "What does no

1	exposure mean for purposes of electronic submission of
2	these expedited safety reports?" A subject that has
3	no exposure to a study drug if the subject experienced
4	an SAE after study enrollment but prior to study drug
5	exposure. Such an event meets the FDA's expedited
6	reporting requirements. To report an SAE that
7	occurred without any study exposure during IND-exempt
8	BA/BE study, the submitter should select G.k.1 4 =
9	Drug not administered, with G.k.2.2 for proprietary
10	name [if available] and G.k.2.3.r.1 for [test] drug
11	substance name, and FDA.G.k.10.a.r, number one for
12	test drug.
13	That's all for me. Thank you.
14	MR. DE: All right. Thank you, Jung.
15	So this is Suranjan, and I will go into
16	some of the questions, so.
17	Question number 1, "There is a
18	nullflavors, non-values on the backward/forward
19	compatibility mapping Excel under the BA/BE material.
20	Will the spreadsheet be corrected, or the null values
21	are intentional?" Yes, the null values are

	Page 179
1	intentional because you're doing a forward/backward
2	compatibility review, so you know, sometimes a value
3	cannot be appropriate or the value cannot be
4	transferred back or, you know, there are values that
5	the field may be a mandatory field. So you have to
6	have a value, so that's why you use a nullflavor.
7	The second question is, "Please confirm
8	if we can send picture or articles as E2B (R3)
9	attachment to the FDA?" Yes. The technical
10	specification document says that, and you could submit
11	that. Also, it has a reference that you could submit.
12	"Will there be accept XML files with
13	nullflavor?" Yes, the E2B (R3) will accept XML files
14	with nullflavor. Again, this is only for E2B (R3),
15	E2B (R3). If it doesn't have a file, will accept
16	nullflavor.
17	Okay. "For a small business sponsor
18	that has a ESG account, but does not have in house XML
19	capability, are they able to submit ICSRs through
20	SRP?" Yes. They will be able to submit ICSRs through
21	SRP.

	Page 180
1	Okay. "Then, can we upload an XML file
2	in SRP, instead of actually entering it manually?"
3	No. Please do not do that because that will not get
4	processed. The whole purpose of SRP is you have the
5	screens where you can submit to the that you can
б	submit other work, so they are structured.
7	One thing that I did not mention is
8	part of the questions that have come over the slides
9	today. Yes, all the slides, all the presentations and
10	the recording will be all posted on the FDA's meeting
11	page where you have the Zoom link. So they all will
12	be posted within three to four business days. And so
13	we will have them there, the slides will be there and
14	the entire talk, the video, the presentation will also
15	be there.
16	All right. Okay. "Is there any work
17	being done to sync the fields and required fields
18	between FAERS and MedWatch?" Yes, we have done. I
19	mean many of the fields that we have for like,
20	especially for VAERS and FAERS have been harmonized.
21	We're using the same observation code, the same data

	Page 181
1	element and so on. The both fields have also been
2	harmonized between MedWatch and FAERS because without
3	that, you know, we really cannot get import the
4	data into FAERS because sometimes you will have
5	MedWatch, I mean the first MedWatch comes in different
6	flavors, one is for consumers and health care
7	professionals, one is for manufacturers.
8	Manufacturers really, from our
9	perspective of IND Safety Reports, is manufacturers.
10	Submitter MedWatch that we have mapped to FAERS, so
11	yes. We have, doing this activity and most of them
12	have been all harmonized.
13	Okay. "If you do have a patient name
14	or initials for malfunction report without AE, should
15	we not report this?" Because if you have a
16	malfunction and there was no AE, you know, that means
17	that the event did not occur on the patient, so in
18	that case we will just make it consistent, we use NA
19	for this for this report.
20	And then, "Regarding medicinal product
21	name as reported, presumably it would be preferred to

use the coded product description followed by the
 trade name from company product library, rather than
 the verbatim?" True. But please make sure that
 they're your local trade name on a product description
 from the company product library matches with the SPL
 that you have submitted or with the active ingredient
 name that is in the GSRS.

There was a question about NDC codes, 8 9 "You know, it's challenging to get NDC codes." Yes. 10 Totally agree. "It's a challenge to get an NCD code. We may not get NDC codes for continuous reports." But 11 12 what we are saying here, is if it is available the 13 please report to us and if you are able to ask that 14 and get that, please report to us. It is not a 15 mandated field, you know, the product name is for 16 post-marketing is mandated. So it's again, that if 17 you have it, please report it.

18 "Regarding the specialized product 19 category for combination product, would it just be 20 entered or any combination product?" And the answer 21 is yes.

	Page 183
1	Okay. Okay. So let's see.
2	Okay. I guess there is a question.
3	"Is there additional mandatory data collection
4	requirement for (R3)." No. Anything that has been
5	listed today and is in the spreadsheet of Core and
б	Regional Data Elements are the data elements and if
7	they have been, if conformance is been set-up
8	required, that means it's required. So that those
9	will be the mandatory data elements. There may be
10	some data elements that is conditionally required,
11	based on another data element, so every element that
12	is listed in there is available there.
13	"So when would we need to use the (R2)
14	to (R3) format compatibility if you are submitting
15	post-market safety reports today and then you move to
16	an (R2) format and now you move to (R3) format?" You
17	will need to use that forward compatibility document.
18	"So when will FAERS reporting in lieu
19	of the ESG submission be required for safety reporting
20	on investigation agent?" Again, as we said in the
21	presentation that you should check with the FAERS

1	Electronic Submission webpage. The date will be, you
2	know, we when FDA is ready from that point onwards,
3	you will get two years to prepare yourself and then
4	submit in a shorter timeline that from year 00 to year
5	two, you can use SRP to submit while you are working
б	on your Gateway submission or your XML. And once
7	you're ready with your XML, then you can start
8	submitting XML and we will deactivate the SRP account,
9	so.
10	"Do submitters need to have FAERS and
11	ESG account?" No. There's no specifically FAERS
12	account, but there's an ESG account for submitting
13	electronically. So but if you're submitting through
14	the Safety Reporting Portal, yes. You need to have
15	you need to have a a account created for Safety
16	Reporting Portal.
17	There is one question which says, "Can
18	we send EDQM terms instead of SPL?" We clarified
19	that. You know, please try to send the SPL down
20	first. If you don't have the SPL down, then send the
21	EDQM down.

1	Okay. "After the voluntary period is
2	over, the FDA will no longer accept E2B (R2) or will
3	both (R2) and (R3) be accepted for a period of time
4	after the mandatory date?" No. After the mandatory
5	date we will want to move on over to E2B (R3) and so
6	that we don't have to maintain two versions because,
7	you know, companies are given almost two years from
8	the day we go. That should be, you know, should be
9	enough time for us to do that, you know, to get E2B
10	(R3). So as I said, with the document (R3), we will
11	go with that. Once we move to (R3) we move to (R3).
12	We don't want to go to (R2) back again.
13	Okay. "Is there a field limitation to
14	narrative? If so, if narrative goes over the limit
15	will that automatically be truncated?" Yes. There is
16	a field called narrative, which is 100,000 characters.
17	And if it is goes above 100,000 characters, yes, it
18	will get truncated. But you could we also have
19	sender comments and reporter comments. You may you
20	could probably also use it but mention in your
21	narrative that additional comments are mentioned in

1	the sender's comments and then we can we can work
2	that out that way.

3 So there is also another question is, 4 "Which option, A or B, of reporting can valid testing 5 be done on?" And you will basically for option A, 6 valid testing will be done on.

7 "Is there a fee associated with ESG portal, or everybody can use the platforms?" The ESG 8 9 Gateway Portal actually, if you have to do like a 10 batch submission, there is a one stop certificate that 11 has to be shared with the FDA. The certificate, 12 actually, as I understand, costs some fee. That's why 13 a lot or organizations, smaller organizations have not 14 gone into there. If you use Web Creator, which is 15 free, you cannot do batch submission. You can do one 16 file submission at a time. That is for free and 17 doesn't cost anything and if you use the Safety Reporting Portal, that also, the submission is one sub 18 file at a time, or one ICSR at a time, which is also 19 for free. 20

21

All right. So with that, we are -- any

Page 187 -- any further -- any additional questions that you 1 2 have we will request you to submit to the docket of 3 the FR notice for this particular meeting. So you can submit to the docket, and we will go through to 4 5 addressing those guestions. If any other questions that we have, we 6 7 will also go back through to respond to you through the docket. 8 9 So with that, I'd like to thank 10 everyone who have attend this e-prompt webinar. And for all of us, we hope that we have given enough 11 12 information and good information for you to start your 13 work in implementing E2B (R3) for submissions to FDA. 14 We are also going in the FDA in full speed in trying 15 to implement E2B (R3). So with that, our next talk 16 about E2B (R3) will be at the Annual DIA and then the one next e-prompt meeting will be in November of this 17

18 year.

19 So with that, I would like to end the 20 meeting and thank you all for attending and providing 21 your questions to this webinar. And thank you to our

	Page 188
1	other guest speakers, Veronica and Jung Lee. So
2	really, thank you for your presentation.
3	And you all have a wonderful evening
4	and a wonderful week.
5	Thank you.
6	(Whereupon, the meeting concluded at
7	4:49 p.m.)
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&	167:10,14	174-175 3:4	63:10
& 2:4 6:9	178:17	175-178 3:5	2018 1:9
0	1,3 81:12	178-188 3:3	2019 117:16
	1.3 52:1 56:4	1:45 151:1	2022 130:15,17
00 137:1,1,2,12	1.3. 104:19	2	2023 1:13 4:3,6
137:13,14	1.4 52:3,3,4	2 24:10,10,13	56:5
184:4	93:2 99:19	71:3,6,6,15	21 105:16
000000 89:10	100:8	78:4 80:19	106:11 115:18
01 163:20,21	10 71:11 79:3	81:15,16 82:1	116:4,6 118:13
164:1,6,12	79:16 93:19,20	83:12,13 91:21	21201 1:18
09:00 1:14	104:3 110:9	92:2,17 94:5	24 15:19 16:5
1	121:15	121:10,17	106:20 118:2
1 24:6 70:18,20	100 142:11,19	121:10,17	250 16:12 61:9
70:20 71:1,11	100,000 185:16	122:15 125:10	63:4,5
72:1,1 80:11	185:17	146:12 152:9	28435 189:18
80:13,14,14	105-113 3:4	152:11,21,21	29637 190:14
81:8,10,15,15	10:15 7:9	154:20 155:5,7	2:36 173:13
81:18,21 82:3	10:30 49:4,6,10	154.20 155.5,7	2:40 173:13,14
83:11 92:2,17	113883 153:2	156:11,16,18	3
94:6 104:19	155:19 157:11	156:18,19	3 5:18 69:16,16
113:10 122:15	114-126 3:5	157:6,10,14,15	80:11,13,14,14
123:14 147:5	11:44 98:9	157:19 158:3,5	81:8,10,15,16
147:19 148:1	11:45 8:2 98:16	160:11,19,19	81:18 82:1,3
152:8 153:1	126-174 3:3	161:1,12,13	82:13 88:2
155:5,6,19,21	12:30 8:2 98:10	162:12,15	92:2 116:6
155:21 156:2,3	98:16	163:14 165:16	118:14 122:15
156:13,14,15	12:31 98:20	167:1	155:10,12,20
156:15,16,18	14 153:1	2.1 157:8	156:16,18,18
156:18,21	15 7:9 8:15	2.16.840.1.1	157:2 158:4,5
157:1,1,6,11	68:19 69:1,14	154:10	161:12,13,21
157:14,15,16	71:18 72:1,10	2.16.840.1.1	163:15 165:17
158:3,4,4	151:2 160:11	152:16 153:6	167:1
160:11,19	1571 109:7	2.3 87:21	3.1. 158:7
161:1,12,13	138:9	2.5 88:2	3.2 158:7
162:10,15	16 153:1	200 47:21	3.3. 158:8
163:14,14	157:11	2000 16:12	30 68:20 69:9
165:15 167:1,6	163 153:4	61:10 63:4,5,6	69:14 71:7

[30 - ack.b.r.7.]

April 4, 2023

72:13 102:3	155:4,11,21	a	174:15 185:3
107:6 137:16	156:16,20	a.1.fda.15.	accepting 51:4
137:17 160:11	157:13 158:3	161:5	51:5
300 47:19	160:11,19,21	a.m. 1:14 4:3	access 36:3
142:10	161:1	a19 160:9	accessible
312.32. 106:12	5.1.2 155:2	abbreviated	62:17 173:10
115:18	5.1.2.1.1.1	113:4 115:10	accident 123:2
320.31 115:18	154:11	ability 189:10	123:4
116:6 118:14	500 47:19	190:7	accommodate
320.31. 116:4	51 156:12	able 4:15,18	16:13 34:15
3500a 34:7,8	512 156:13	24:12 27:10	110:19
34:10 116:18	5121 155:17	29:17,18,20	accommodati
118:9	5672964 1:21	30:10 38:16	149:1
3989 157:12	6	53:10 91:1	account 12:21
4	6 69:15 72:1,2	142:7 147:15	13:1 26:18,20
4 1:13 4:3	94:3 153:3	166:5 168:11	27:2,4,6,7
70:18,20,21	157:2 160:11	170:1,10	29:19 34:3
71:1 80:13,14	160:19,19,21	179:19,20	35:12,17
80:15 81:7,11	7	182:13	119:19,21
81:12 82:1,3,6		above 185:17	138:5 139:7,10
83:13,19 92:3	7 69:15	absence 56:19	139:15 140:3
92:9,10 122:17	745a 10:11	57:7	170:6,10
147:6 155:11	106:15 117:13	accept 16:20	179:18 184:8
155:13 156:16	118:6	19:17 107:1	184:11,12,12
160:11,19,21	8	137:17 179:12	184:15
161:1,20 167:1	8 42:21	179:13,15	accounts 26:18
167:2,7,9,13	840 155:19	185:2	32:3 170:13,15
178:8	157:11	acceptable	accurate 189:9
4-105 3:3	9	19:20 20:2	190:5
400 47:19	9 5:17 72:16	118:12	ack 24:5,6 34:4
4002 1:9	98 144:6	acceptance	74:8
4:49 188:7	989 155:2,20	49:1	ack.b.4.r.b.8
5	158:2	accepted 60:2	61:8
5 69:14,14 71:6	99 89:15,17	95:4,8,10	ack.b.r.7 16:10
71:7 74:18	92:10	108:9 109:12	63:9
82:21 83:1	9:00 4:3	124:15 126:20	ack.b.r.7.
92:4 102:3		127:21 174:14	18:14
102.3			

[acknowledgement - alphabet]

April 4, 2023

	1		
acknowledge	actually 21:16	75:6,6,15,21	agency 11:11
15:7,10,12,15	23:19 27:1	104:13 114:20	12:15 85:21
15:15,18,19,21	35:9 50:16	addressing	87:11
16:6,8 24:10	51:15 55:5	187:5	agenda 7:5 9:6
24:10,13 25:14	59:12 61:11	administer	agent 183:20
42:10 48:18	65:10 72:7	81:8,11	aggregate
52:13 56:20	76:11 77:6	administered	77:19,20,20,21
57:9 59:21	83:8 89:15	80:15 83:14,18	78:3,11,14,19
60:4 61:21	90:1,17 91:3	122:17 123:3,7	79:9,21 111:3
62:2,20,21	94:7,11 102:17	167:2,8,9,15	111:6,11,13
63:1,1 64:14	104:14 128:17	177:4,17 178:9	113:8 116:2
95:4,8,9 96:7,9	130:5 135:12	administration	147:14,15,19
96:10 108:10	136:15 150:15	1:1 22:5 91:7	148:4,19
109:12 126:6	154:12 169:12	154:14	149:13
141:9,10	180:2 186:9,12	advantage 27:8	aggregation
acknowledge	ad 47:6	31:10 125:19	78:12
15:10,11 47:17	adapted 20:11	138:8,12,13	agree 182:10
48:1 124:12	add 64:15 69:4	advantages	ahead 15:9
134:7,11,12	82:17 83:2,19	125:1	28:9 82:14,15
141:11 142:8	89:21 173:10	adverse 1:4,5	87:3 101:17
acknowledg	added 27:13	35:12 77:2	align 108:8
168:16	74:14 82:19	78:5,6 81:5	aligned 169:5
act 117:13	100:13 125:17	115:21 116:7	allow 37:12
action 35:19	152:5 154:18	117:10 122:19	79:3 105:19
36:8 158:8	addition 13:13	123:5 148:5	106:4
163:5 189:12	120:20 121:8	149:4,5 150:4	allowed 54:4
189:16 190:8	122:3	157:7	58:10 71:1
190:12	additional 57:6	advice 83:6	72:1 74:16,19
actionable	88:8,8,8,9	advised 174:11	75:3 92:2
106:7	91:17 119:13	ae 55:6 110:6	177:4
active 86:4,5	123:9 162:2,10	121:19 181:14	allows 109:10
88:3 111:21	162:12,14	181:16	alpha 54:3
112:2 131:3	183:3 185:21	ae2 36:13	74:15 75:1
138:20 182:6	187:1	affairs 2:15	79:2,16 91:21
activity 181:11	additionally	109:18	93:20 103:14
actual 85:17	12:10 107:14	afternoon 6:11	104:3,14
164:2 168:14	address 5:21	105:7	alphabet 21:18
	28:11 35:14,16		73:17

[alphabets - august]

April 4, 2023

alphabets	answering	approve 4:21	assigned 120:3
45:17	173:14	approved	assist 50:19
alternate	answers 59:3	85:21 86:7	associate 2:7
147:20	173:14	89:9,11,20	6:15
ambiguity	anticipate	92:4 111:16	associated
63:12	143:20	112:7,8 125:8	58:21 91:20
amended	anymore 61:18	134:6	93:18 186:7
144:18	129:21 130:4	april 1:13 4:2	assure 46:15
amendment	appear 14:14	130:15	attachment
144:12,16,17	appears 86:5	area 70:16	28:21 29:2
amount 152:1	87:4	126:14 138:10	179:9
ample 11:13	appendix 38:15	143:17	attachments
analysis 14:16	48:5 98:1	areas 8:17 31:4	16:3 26:3
111:3,6,13	applicable 9:1	84:4 151:3	50:20 51:4
175:2,6	54:21 55:1,2	ares 89:12	attack 30:9
analyst 2:15	57:11,16 59:7	arms 112:7	attend 187:10
analytic 105:20	62:9 65:16	arrow 70:4	attendees 2:2
106:5	77:8 97:9	articles 179:8	attending
analytics 126:2	148:14 173:5	as2 13:4 37:20	107:16 187:20
131:12	application	38:15 39:10,11	attention 110:5
anda 90:7 93:5	88:16 89:2,9,9	42:1,3,5,18	attorney
93:8 115:11	89:12,12 115:6	43:6,13 44:3	189:14 190:10
120:3,4,6	115:10	45:7 48:4	attribute 41:13
121:13,19	applied 88:18	100:2,6 108:3	75:12 108:1
122:1 123:12	97:17	108:11 169:9	attributes
148:8 157:18	apply 44:17	asked 26:14	17:11 20:21
animals 108:21	70:7 71:16	33:1,1,2 57:12	37:10 52:12,13
annual 187:16	93:12	75:3,6,7,8,18	56:12 90:12
answer 6:2	appreciate	174:20 175:15	94:11 120:16
14:20 49:9	53:11 63:14	asking 14:19	audio 189:8
58:21 59:2,5	approach 39:6	19:16 45:12	190:4
163:10 174:8	51:8	90:21 136:14	audit 102:10
174:15 175:4	appropriate	148:3 163:19	131:7,11
175:14 176:1	57:9 176:7	164:15,16	auditable
182:20	177:8 179:3	asku 174:19	165:11
answered	appropriately	assessment	august 130:17
80:10	45:15,19 62:17	112:19,19,20	133:6
	89:18 90:1	150:2,2	

[authorization - bigger]

April 4, 2023

Page 5

		1	1
authorization	b.4 61:8	151:8 167:13	146:1 158:14
88:16	b.s.e.1.12 147:6	172:14 173:3	159:11 162:3
automated	b.s.e.1.7.1	173:13,13,19	171:13 186:5
125:18	147:5	179:4 185:12	batch 16:4
automatically	b1 78:18	187:7	31:16 41:8
185:15	ba 4:20 5:13	background	45:5 46:6 47:2
availability	6:20 8:8 39:2	9:8,10 49:15	47:2,15,15,16
35:4	46:6,11 47:11	99:1	67:5 77:11,12
available 12:12	65:2 89:3,4	backlogs	77:14 121:1
12:17 17:9	90:4,7,11,14	139:19	142:2,12,14,15
24:15 27:1	92:11,18 93:4	backward 98:2	142:16,18,18
31:20 35:6	93:7,12 113:20	172:14,16	142:20 143:4
38:18 48:5	114:5,12 115:5	178:18 179:1	143:11,18
51:17 69:20	115:7,8,15	bad 49:5	144:3,3,8,9
84:10 85:9	116:3,8,15,20	baltimore 1:18	186:10,15
86:9 87:1 88:7	117:11 118:8	bar 54:1	batches 47:4,5
91:2,11,12,14	118:17 119:2	base 75:21	47:10,13,14,20
92:21 103:21	119:12 120:8	153:9	48:1 142:9,10
104:3,4 112:2	120:13,19	based 10:4	143:14,21
118:10,12	121:1,6,19	12:6,7 16:4	batching 143:1
121:7 123:16	122:18 124:1	22:18 25:9	bcps 2:14
124:9,18 125:6	124:21 125:17	26:1 28:14	believe 40:16
127:8,10	125:20 169:17	34:7,8 40:19	64:19 130:17
132:18,20	175:16 176:5	62:6,16 64:14	132:18 144:7
133:17 159:10	177:10 178:8	74:6,9 76:7	146:2
159:13 178:10	178:19	138:17 164:11	benefit 109:3
182:12 183:12	back 9:12,12	169:9 183:11	125:17
aware 113:11	24:7 25:11,12	basic 128:1	benefits 109:15
141:21	42:10 49:4,12	basically 7:14	bernadette
b	56:9 62:4 63:2	14:11 16:17	190:2,15
b 25:6,20 26:11	63:16 84:6	17:3 25:10,14	best 137:15
27:13,17 37:13	98:10,16,19,20	31:14 39:18	189:10 190:6
49:21 50:3	105:5 126:10	50:1,3 51:16	better 10:7
98:1 111:16,20	129:15 130:7	59:8 62:10	96:13 139:17
186:4	132:4,10	69:16 75:17	bi 134:16
b.1 147:15,19	140:12 141:9	80:21 104:9	bigger 47:16
	141:10 145:7	128:15 132:7	93:16
	145:10 151:2,5	133:14 137:17	

binarities 37:2	150:14,16,17	180:12	c.5.5b 90:10
bio 115:6	164:19	busy 116:15	123:12
116:14,18	break 5:19 7:9	button 25:10	c.5.5b. 121:13
118:4 125:13	8:1,1,15 49:3,4	33:20 128:6,15	c1 65:19 66:5
bioavailability	49:13,14 50:7	128:20,21	c54451 102:16
41:17 114:10	98:9,16,20	buy 152:13	c54456 90:21
bioequivalence	99:4 135:2	с	91:1,8
114:10 123:1	149:21 151:2	c 2:1 3:1 4:1	c54595 104:18
bioequivalent	breaks 5:18	21:17,18,20	call 13:8 15:13
41:17	brief 105:12	69:13 73:16,17	23:1,21 34:12
biologic 4:21	briefly 114:8	73:17 79:4,5	34:12,13 69:5
89:1,5 94:3	bring 90:13,13	79:17 91:8	82:21 83:1
biological 90:5	117:9	94:1,13,13	138:6 142:15
119:8	browse 128:6,9	101:21 102:9	called 14:3
biomedical 2:8	buckets 143:8	154:3,4	53:9 69:9
6:16	bulk 92:3,3	c.1.1 66:12	70:11 93:16
bit 5:4 9:9	bullet 95:6,7	c.1.1. 66:8	100:16 110:6
49:15 51:3	burden 9:18	111:8	110:17 145:18
53:12 83:6	business 17:6	c.1.10 147:14	156:1 160:16
141:18 153:9	17:12 28:7	c.1.10 . r. 111:14	160:17 161:7
bla 89:6,6	46:13 51:21	c.1.12 73:1	163:18 185:16
blank 57:5	52:12 54:7,9	c.1.12. 73:4	capability
104:6	54:12,14 56:18	149:1	27:15 179:19
blue 51:14	58:15,17,18,19	c.1.3 67:3,8	capital 21:18
bn 89:3,5	59:16,18,20	121:10 146:11	capture 110:7
boolean 69:6,8	60:3 61:2 66:3	154:6	166:6
73:5,6 100:20	66:6,9,15	c.1.3.2 148:7	care 44:15
100:21 160:13	73:19 76:18	c.1.6.1 146:14	69:18 84:14
161:6	78:19 79:8	c.1.7 72:5,11,14	159:4 181:6
bottom 14:9	80:5,7 95:16	147:7	case 25:9,13
53:21 55:11,21	100:6 102:11	c.1.7.1. 69:10	30:11,17 32:15
63:3 107:13	102:12,21	c.2.r.2.8 74:14	57:6,15 61:15
108:19 110:11	103:16 110:10	c.3.3. 76:3	65:20 66:5,7
129:2 134:20	110:20 112:20	c.5.4 147:19	66:14 70:14
branches	120:14 121:3,9	c.5.4.5a. 69:12	72:4,8,18
152:14	121:21 131:1	c.5.5a 90:9	77:13,20 79:15
brand 103:9,17	139:16 168:8	148:6	80:13,18 95:18
103:20 104:6	169:1 179:17		101:5 105:11

[case - closed]

April 4, 2023

	1	1	
108:10 110:16	40:10,11 41:14	chances 125:11	78:19 93:9
116:2 123:6	41:15 42:13,17	change 10:4,9	183:21
124:15 131:10	42:20,21 43:4	13:2 14:20,21	checking 77:6
144:2,4 146:17	43:6,9,10,17	16:7 21:10,11	129:19
165:12 166:8	44:4,5 45:4,4	36:1,8,14 61:9	checkmark
166:17,19	46:1,2,5,6,10	66:6 106:14,20	59:18 60:1
167:9,9,12	46:11,12 47:5	140:4,6 141:14	checks 45:20
172:20 181:18	47:10,11,11	changed 10:1	147:8
cases 87:19	48:13 100:7,9	63:3,6,7,10	choice 139:1,13
catch 63:14	108:2 114:19	66:3,4 76:13	chooses 119:2
67:20 143:7	120:4,17,21	169:16	choosing 56:15
categorization	121:18 143:9	changes 7:20	cia 21:3
80:4	146:6 148:7	34:6,7,9,19	city 104:13
category 93:16	cdrh 114:16	52:5 55:18	clarified
94:16 182:19	ce 153:17 154:1	56:7 131:1,4	184:18
causality	center 1:2 24:6	character	clarify 174:16
112:15,17	centers 115:1	176:2	class 153:17
cause 86:16	certain 4:19	characteristic	154:17
cber 36:20,21	24:20,20 49:20	114:14	classifications
37:1,8,14,15	53:8 57:17	characteristics	176:13
37:17,20 39:1	60:12 130:13	76:16,16 91:20	classify 176:11
40:2,3,4,5,8,9	172:17	93:18 153:16	clear 19:8
40:12,13 41:15	certificate	characterizati	155:2
41:16,16 43:8	186:10,11	82:8,12,18	clearance
43:11,13,15,18	189:1 190:1	83:13 149:16	10:10
43:19,21 46:5	certificates	149:19 166:20	clearly 46:16
46:11 47:6,10	26:8	167:4,12,14	119:5 146:12
48:14 89:3	certify 189:4	characterize	click 51:14
93:11 108:2	190:3	122:13	74:5 128:7,21
143:10 148:8	cetera 94:5	characters	clinical 2:11,12
cd 30:20	cfr 105:16	16:12,13 61:10	7:1,2 105:15
cder 1:2 2:5,9	106:11 115:18	61:10 63:4,6	113:10 114:3,4
2:13,15 4:11	116:4,6 118:14	63:10 185:16	148:2
6:10,17 7:3	challenge	185:17	close 87:21
36:20,21,21	26:16 182:10	chat 5:20	88:2 135:11
37:7,8,9,14,15	challenging	check 23:5	151:4
37:17,19 39:1	182:9	44:13 61:3,12	closed 24:13
39:12,13,17		68:12,13 77:7	

Page 8

110	10.01	72 21 74 2 10	•
closer 11:9	codeless 19:21	73:21 74:2,10	commander
code 19:17,20	20:21 157:4	77:10,11,12	2:6
20:1,4 21:17	158:5 160:3	79:20 80:19	comment 16:11
21:20 22:6	codes 18:8,19	81:3,4 83:7,12	160:4
42:2 60:7 62:1	20:21 22:4,5,8	83:15 93:17,18	comments
69:12 70:18	22:9,9,12	94:2 101:16,18	56:13 185:19
73:16,16,17,17	45:11 79:5	103:7,8,17,19	185:19,21
78:21 79:1,1,2	94:1,13,13	114:18 147:7	186:1
79:4,6,14,15	102:17,19	149:6 150:8,19	commercial
79:17 81:18	103:1,3 104:5	157:21 158:6	31:17,20
82:8,11,15,16	150:11 171:21	161:3,7 182:19	106:15 117:17
83:5,11,12	182:8,9,11	182:20	common 7:18
84:1,11,11,21	coding 22:2	combine 44:21	22:7 60:13
85:3,4 86:16	collaborative	combined 82:1	65:14,14,15,17
90:21 91:8,9	114:15	come 11:2,8	84:2 99:11
92:17 95:5,15	colleagues	15:2,18 18:13	103:10,13,20
101:21,21	114:16 169:2	20:9,13 22:21	104:6 142:20
102:9,9,14,15	collection	23:18 24:4	150:12,14,15
102:18,19	183:3	34:8 45:7 46:8	150:18 164:20
103:12 104:1,3	column 54:6,7	47:18,18 49:4	communicate
104:8,18	54:10,18 55:5	80:21 85:17	5:16 11:15
111:18 112:4	57:20 58:2	88:2 96:19	12:8 135:13
132:19 147:5	59:2,19 60:1	98:10 105:3	communicated
150:10,17,21	61:13 63:4	129:21 130:3	11:5 168:4
153:3,5 154:9	65:3	135:10 141:7	communicati
156:12,13	columns 53:8	145:12 147:4	134:15
157:12,20	53:14 54:13,20	151:2 171:18	communicati
158:1,1,4,5	58:17,20 60:5	173:13,13	107:16 134:14
163:20 164:1,3	60:6,12 61:2	180:8	135:8,13
164:4,5,7,10	64:3,4	comes 9:2	comp 89:15,17
164:11,14,17	com 92:10	15:14 35:19	companies
164:21 166:2,9	combination	39:14 40:10	12:7,20 25:3
166:9,11 168:7	51:6 64:21	84:20 90:2	31:5 35:9 50:5
171:2,19	68:21 70:7,8,9	154:21 167:21	81:19 124:20
180:21 182:10	70:11,13,19	181:5	125:8 132:12
coded 138:19	71:2,3,8,9,12	coming 20:5	133:3 137:4,5
143:15 182:1	71:14 73:2,9	53:5 63:9	185:7
	73:11,14,15,20	139:18	

April 4, 2023

	aammlad 10.10	00m ditt 0	00 000 000
company	complied 18:12	conditionally	connection
111:18 112:4	95:1	83:9,21 183:10	30:4
119:1 125:11	comply 18:19	conditions 22:3	consent 122:21
139:17 182:2,5	106:10	95:3,7	consider
company's	complying	conduct 107:15	136:21 137:1
138:10	120:13 121:8	116:8	consideration
compared	component	conducted	74:21
166:2	177:18	115:5,8,15,16	considered
compares	components	116:3	72:11,13 116:9
105:13 116:11	177:11	conducting	159:7
compatibility	compounded	112:8 119:2	considering
9:1 96:18,20	89:14,19	conference	124:20
96:21 97:1,6,8	compounding	134:15	consistent
97:11,16 98:2	76:20 89:17,18	conferences	181:18
98:4 151:4	92:4,8	134:17	constitute
158:20,21	comprehensive	confirm 63:17	123:4
159:6,8,11,19	55:14	174:5 179:7	consumers
160:7 165:20	computer 14:4	confirmation	69:17 181:6
172:2,7,8,15	concept 77:19	125:18	contact 119:20
172:16 173:5	82:9,10 154:6	conformance	contain 146:20
178:19 179:2	157:17	17:12 18:4	contains 60:17
183:14,17	concluded	19:15 52:12	60:19 152:6
compatible	188:6	54:7,8,15,16	content 67:16
64:1,7	concomitant	56:14,18 58:11	68:2,2
complete 33:6	80:20 81:16	58:11,11 66:4	contents 99:8
completed	83:2,12 122:15	69:11 73:8	continue 14:21
98:21 131:19	177:4,16	74:16 75:1	32:8 36:7,8
131:20 132:1	condenses	76:13 79:3	109:2 118:10
140:17 144:8	137:15	92:1 93:21	135:18
completing	condition 57:7	95:21 101:3	continuous
51:9	58:14 92:1	110:10,21	132:9 182:11
complex	conditional	121:15 123:11	contrast 117:3
153:12,13	57:8 58:12,13	169:15 183:7	control 138:6
complexity	58:13 102:1,1	conformation	controllable
10:5	102:5 103:6,15	83:9	168:18
compliance	104:5 121:16	connect 4:15	controlled
76:8	123:11	connecting	20:16,17 21:1
		25:5	21:2,8,9 23:10

[controlled - data]

April 4, 2023

51:9	corresponds	45:17 119:20	csrs 80:9
convenience	152:2	140:3 142:4	cups 137:8
94:6	cosmetic	171:21	current 34:16
convert 128:18	117:13	created 18:20	105:13,16
converter	cost 35:12 88:8	121:3 154:7	116:11
128:17	186:17	170:6 184:15	currently
converting	costs 186:12	creates 29:21	75:12 118:8
68:10	council 1:6	30:5	cycle 115:3
coordinate	counsel 189:11	creating	d
50:10	189:14 190:7	119:21	d 4:1 116:6
coordinator	190:10	creator 170:10	118:14
120:1 124:17	country 19:17	186:14	d.1 149:6,12
copied 32:10	19:20 20:1,4	credential	d.1 149.0,12 d.8.r 176:19
copy 164:5,20	104:13,14,16	28:10	d.9.1 176.19
164:21 165:2,3	153:1 155:18	credentials	d.9.1. 113:18
165:4	157:11	26:6 27:18	d1 111:10
core 18:3 51:20	couple 56:6	28:5,7,10	148:3,21
81:10,15 82:3	109:20 111:4	criteria 68:16	d2d 117:7,19
82:14 83:4	113:1	68:17 69:3	118:19
96:12 99:9,10	course 10:6,16	70:15,20 71:4	data 5:12 8:19
130:20 153:21	16:3 22:13	71:10,15,20	12:6 13:12,14
159:9 168:8	32:19 35:2	72:4,9,12,19	14:2 15:16
171:3,4 172:10	37:4 39:17	102:2 146:17	16:10,21 17:3
183:5	52:1 71:12	146:20 147:2,3	17:6,11,15,16
corner 14:9	79:10 86:18	147:9 154:8,9	17:19,20 18:2
75:15	97:21 160:19	156:1,2,4,7,14	18:3,7,14,17
correct 16:20	166:6 171:14	160:10,16	18:18,19 19:3
19:11,11 61:17	171:18	criterias 83:19	19:14,20 20:1
84:6 123:18	courtesy 136:7	101:1	20:19,19 21:16
133:19 147:16	cover 109:7	cro 119:1	28:1 29:8
174:8,16	138:9	cros 31:7,12	34:21 36:4
corrected	covered 117:14	cross 78:19	37:9 42:1,2
96:15 108:11	covering 114:8	110:15,16,18	44:3 45:3,5,9
130:2 178:20	covers 115:3	110:19 148:9	45:14,21 46:7
correction	crack 44:16,19	174:5,7	51:21 52:11,11
162:1,9,12,14	cracks 93:13	crossed 109:9	52:14 53:17,19
correctly	create 14:2	csr 9:21	53:20 54:1,3,5
120:12 122:3	32:9 34:3		

[data - defined]

April 4, 2023

54:11,13,16,19	110:19,21	30:4,6,8,9,11	days 28:7
55:3,5,9 56:11	111:8,10,14	30:16 31:13	107:6 137:16
56:11,12,14,15	112:16 121:10	50:2,2 66:17	137:17 139:16
56:19 57:2,2,3	121:14,15,20	109:16 117:5,6	180:12
57:4,6,8,12,15	122:6,9,13	117:7 129:16	de 1:12 2:3 3:3
57:17,20,21	123:8,10,11,14	140:10,13	4:4,9 6:4 49:12
58:2,3,5,6,9,9	123:16,21	141:3,11 142:7	53:3 98:19
58:10,13,18,21	124:3,7 125:4	165:13 166:8	126:12 151:8
59:3,9,11,17	125:16 126:2	datapoint	173:18 175:11
60:21 61:1,5	127:20 131:2	21:16 39:16	178:14
62:8,12,13	131:12,16	43:19	deactivate
63:3 66:8,12	138:17,18,18	datapoints	139:7,8,10
66:12,16,20	140:4,10,13	34:18	184:8
67:3,21,21	141:9 143:5,12	date 11:2,4,7,8	death 101:1
68:2,3,18 69:2	147:1,8 150:1	11:14,15,16	113:15,16,17
69:4,9,10 70:6	153:5,14,18,18	12:8,9 55:20	149:10 174:10
70:10,11 72:3	153:19 154:1,3	56:3 93:5	174:11,12,17
72:7,18,21	154:7,20 156:1	107:1,5 113:15	174:17,21
73:1,4,5,6	158:10 159:3,6	113:17 135:3	decide 12:8
74:13,15,21	163:1,3,4,6	135:11,13,17	73:19,20 74:7
75:10,19 76:4	165:19 166:2,3	136:19,20	decided 10:4
76:17 77:4	166:7 168:8	137:1,1 149:10	12:5,6
79:2 80:6,10	169:11,12,13	174:9,12,17,21	decision 74:9
84:5,7,8,18	171:11,11,15	184:1 185:4,5	deep 8:4
85:4,5 90:9,12	171:17,17	day 68:19,20	define 40:17
90:15,16,19	172:17,19	68:20,21 69:1	58:18,20 69:2
91:16,21 92:15	175:3,5 176:8	69:2,9,14,14	94:2 108:3
93:19,20,20	176:19 177:8	69:15,15 70:21	153:12,14
95:2,4,5,14,15	180:21 181:4	70:21 71:7,11	156:18 171:16
96:1,2,2,12	183:3,6,6,9,10	71:18,19 72:1	defined 8:19,20
97:17 98:3	183:11	72:2,10,10,10	10:14 13:17
99:10 100:1,13	data's 12:5	72:13 93:8	23:10 46:14
100:17,18,20	database 10:20	102:3 133:13	57:4 62:8,16
101:8,10 102:8	23:21,21 24:1	160:11,11,12	66:2 74:1 95:3
102:10,11	24:1,9 25:5,5	160:12 167:20	96:3 120:16
104:19,21	26:7,7 27:14	168:3 173:15	152:4 158:12
105:20 106:6,9	27:15 29:8,10	185:8	177:5
110:5,9,12,17	29:15,18 30:3		

[defines - docket]

April 4, 2023

defines 42:3	descriptions	164:10,12,14	digits 152:13
57:21 58:2,8	60:7 61:19	164:16,20	dire 30:7
90:17 95:21	177:8	165:2,3,5,6,13	direct 31:12,13
definitely	destination	167:3,3,4,6,10	34:20 69:17
11:15 47:12	39:11 40:3,10	167:14	directly 27:15
definition 13:8	40:12 42:20	devices 104:8	50:6 69:17
delineated	destruct 36:16	dia 107:17	86:17 97:7
46:16	detail 52:14,15	187:16	109:16
deliver 170:3	detailed 5:12	dictionaries	director 2:3,7
delivery 15:12	details 28:18	20:18 22:20	4:10 6:8,15
94:4	50:21 66:21	dictionary 28:4	disclose 19:19
denoted 111:11	detection 126:2	89:21	disclosure 4:17
dependence	developed 35:3	difference	discontinued
10:21	developing	25:20 56:15	176:17
dependencies	170:2,9	154:9	discreet 67:21
10:10	deviation 58:19	different 7:21	discuss 4:7
dependent	59:17	18:15 20:1	11:19 107:17
10:16,20	device 22:6,7	24:21 27:11	112:15
depending	80:11 81:7	38:20 39:3	discussed 78:8
130:7	82:9,10,20	46:14 47:4,4	169:10,16
depends 15:21	83:10,16,17,18	47:10,13 56:17	display 14:3,6
deployed 132:5	83:21 94:4	64:17 65:8	14:10,10
deposition	101:11,12,19	96:1,18 108:15	displays 14:11
189:1	102:14,17	109:21 114:18	129:2
deputy 2:3	103:4,9,10,11	115:15 134:3	disrupt 37:3
4:10 6:8	103:13,17,20	142:17 143:8	distinguish
describe 92:17	103:20 104:1,2	168:12 169:15	112:4
described	104:4,6,6,7,10	170:20 181:5	distribution
110:11	104:11,12,12	differentiate	92:6
describes 51:8	104:17,20	121:4	dive 8:4 9:7
60:6	149:20 150:10	differentiation	divide 83:17
describing	150:12,14,15	40:13	divided 56:13
64:17	150:16,17,17	difficult 19:18	56:17
description	150:18,18,21	68:5 143:19	division 2:10
17:21 55:20	156:10,10,17	digit 157:6	7:1 109:18
56:3 60:6 62:1	157:2 158:7	digital 189:8	114:3 126:6
159:21 160:2	163:19,21	190:4	docket 1:9
182:1,4	164:3,4,5,6,9		187:2,4,8

[document - ectd]

April 4, 2023

document	downstream	176:19,21	58:19 59:18
13:10 17:8,13	131:15,16	177:1,2,4,9,12	62:7 69:21
17:14,14 19:1	dr 3:4 105:6	177:13,15,16	95:5,15 105:10
19:2,2,4,13	174:3	177:16,16,17	106:4,9 107:11
29:6 50:17,18	draft 117:15	177:19 178:3,4	117:5,21
51:12,15,18,19	119:10	178:9,10,12	118:12,18
51:20 52:1,8	draw 110:5	drugs 2:8,12	119:6,16 122:5
52:10,17,19,20	drop 37:21	7:3 8:8 84:3	124:7 125:12
55:18,19 63:20	42:6,7	91:17 92:17,20	127:7 128:4,4
63:20,21 64:15	dropped 42:8	93:17 112:7	128:8 133:8,17
65:21 67:1	drug 1:1,2 4:21	113:21 114:6	134:5,21
119:9 124:6	6:16 22:1 80:3	115:4,13	135:20 136:3
159:17 168:9	80:3,4,6,15,18	116:13 117:11	136:16,20
168:10,17	81:7,11 82:4,5	122:5 123:15	137:3,4,6,11
173:9 176:9	82:8,12,18	176:6,18 177:3	137:17 138:16
179:10 183:17	83:13,14 84:11	due 18:4 30:9	139:11 140:5
185:10	88:14,20 89:1	duly 189:5	140:18,20
documentation	89:8,11 90:5	duties 138:21	141:16 159:1
13:6 159:15	91:18 92:4,18	е	160:20 167:19
documented	92:19,19 94:2	e 2:1,1 3:1 4:1	168:7 169:20
65:12	94:4 111:16,16	4:1 61:13	169:20 170:16
documents	111:17,20,21	187:10,17	176:2,8,19
50:16 51:13,16	112:8 114:9,14	e.1.3.2a 174:12	179:8,13,14,15
52:14 95:17,18	114:17 115:2	e.i.2.1.b 149:3	185:2,5,9
107:12 146:13	115:10 116:9	e2b 1:6 4:9 5:2	187:13,15,16
146:14 173:8	116:16 117:13	5:8 6:15,21 7:7	earlier 107:21
doing 8:12 9:13	119:7 122:9,11	7:10 9:13,20	118:7 124:2
19:5 34:6,15	122:13,15,16	10:2 11:21	easier 67:7
38:5 50:4	122:17,20	12:1,11,15	77:7
68:12,14 98:11	123:3,6,9,13	13:14 15:1,5	easy 62:2 142:5
129:14 160:20	123:18 125:21	17:2,5 23:17	142:6 143:7
172:12,14	126:1,3 149:16	24:4 26:15	ecom 4:6
179:1 181:11	166:21 167:1,4	27:2 29:1	ecpd 135:20
dosage 22:6	167:7,9,12,14	30:21 33:8,11	ectb 9:3
90:20 91:4	167:15 175:19	33:16 34:15	ectd 14:17 15:1
dots 152:14	175:20 176:5	35:5,7 42:1	15:5 29:5
download	176:11,12,13	50:8,15 51:20	105:18 109:2
173:11	176:14,15,16	0000,1001120	113:6 116:19

[ectd - encouragement]

April 4, 2023 14

Page	
------	--

136:3 140:9	170:17 178:1	121:10,14,20	148:18 150:1
141:2 155:7	184:1	122:6,9,13,16	151:14 153:14
edqm 22:5	electronically	123:8,10,16	159:3,7,9,18
168:19 184:18	109:8 184:13	153:11,11,19	160:6,7 163:3
184:21	element 14:3	154:7 156:1	163:5 168:8,14
effective	16:10 17:20,20	160:9,9 161:7	169:12,12,14
106:20 107:1	17:21,21 18:3	163:7 166:2	172:2,9,10,19
efficiency	18:3 19:14	174:10,11	177:8 183:6,6
125:7,15	21:17 45:3,5,9	175:3,6 176:19	183:9,10
effort 88:8	46:7 52:11	181:1 183:11	eligible 4:21
109:19	53:17,18,19,20	183:11	eliminate 141:5
efforts 115:13	54:5,17,19	elements 5:12	eliminates
ei.3.2a 113:16	55:5 56:11,19	8:5,5,19 10:13	109:17 138:10
eight 64:18	57:3,4,7,8,15	13:12,14,16,16	email 25:14
132:14	57:17,20,21	17:3,6,11,15	28:11 33:18
either 17:17	58:2,3,5,6,9,10	17:16,19 18:7	34:3 35:13,14
73:9 84:12	58:18 59:1,11	18:9 19:20	35:16 75:6,6
91:6 92:19	59:17 61:5	21:6,15 45:21	75:15,21 76:1
101:4 103:21	62:7,13,20	51:21 52:11,14	116:21
128:4 152:13	63:3 66:8,12	55:9,14 56:12	emailing 130:6
161:17	67:3 68:18	57:4 58:14	embedded 16:2
electronic 1:4	69:2,9 72:3,21	59:3,9 61:1,1	emphasize
7:13 11:5	73:1,4,5,5	62:8,12 64:16	116:16 120:11
27:16 30:17	74:14 75:10	65:5,10 66:1,1	employed
50:19 51:17	79:2 80:10	66:2,4,12 70:6	189:11,14
106:13,18	84:7,8,18 85:4	76:4,5,14,17	190:8,11
107:2,5,9,10	85:5 90:9,10	77:4 78:7	employee
114:12 117:6	90:11,19 91:16	90:13,15,15,16	189:13 190:10
117:10,18,19	91:19 92:15,20	95:6 96:2	empty 161:5
118:2,5,18	95:15 96:1	97:17 98:3,5,6	encevs 102:9
119:3,7,10,18	100:13,14,18	99:10 100:1,12	104:18
119:21 124:4	101:3,7,10,15	101:9,14	encounter
124:13,17,21	101:17 102:8	104:21 111:4	148:5
125:14,20	104:19,20	111:14 112:16	encountered
127:11 128:7	110:5,10,17,19	123:14,21	52:6
134:17,19	110:21 111:8	124:3,7 125:4	encouragement
135:14 138:14	111:10,19	128:13 130:20	124:20
159:14 168:4	113:11,15,15	131:2,13,14	

[endorsed - exempt]

April 4, 2023

endorsed 83:4	epidemiology	163:17,17,18	154:14,20
engage 114:18	2:5 4:11 6:10	163:20,21	172:18
engaging 126:8	error 16:10	164:2,6,12,13	examples 39:18
enhanced	60:7,7,8,8 61:6	164:16	64:14
126:2 131:14	61:7,19 62:1,1	evening 188:3	exceeded 60:18
131:17	95:10 145:16	event 1:4,5	exceeds 60:19
enhancements	145:19 146:6	77:2 78:5,6	excel 17:7,8,10
117:9 118:11	147:4 148:15	81:5 100:15,15	52:18,20 53:1
131:15	errors 16:15,16	116:9 122:20	53:1,7,8 55:7
enhancing	16:17 100:18	123:5 149:4,5	65:16 168:10
131:6	109:13 146:9	150:4,4 157:7	178:19
enrollment	147:3	172:20 178:5	except 13:1
176:14,17	es 189:4	181:17	24:18 65:2
177:1,2,10	esg 38:15 42:3	events 22:2	134:2
178:4	51:2 132:1	28:19 115:20	exceptions 44:7
ensure 121:5	137:9 179:18	116:7 117:10	excited 4:7
ensures 38:5	183:19 184:11	175:2,6	excluding 4:21
enter 25:8	184:12 186:7,8	eventually 28:3	exclusively
28:13,17 32:13	especially 13:2	40:17 87:18	92:5
82:14,15 103:9	26:12 31:6	135:2 151:4	excuse 53:4
138:5 141:6	76:20 78:3,14	everybody	exempt 4:20
entered 116:21	88:19 130:19	10:18 35:15	5:13 6:19 39:2
140:13 182:20	133:14 169:6	49:13 105:7	41:16 42:13
entering 180:2	180:20	133:16 186:8	46:6,11 47:7
enterprise 21:3	esrp 35:8	evp 91:2,5,12	47:11 81:21
entire 41:21	established	evs 21:14,21	82:4 90:4,6,11
115:3 155:16	111:18 176:2	69:13 73:18	90:14 92:11,16
180:14	et 94:5	79:4,18 91:1	92:18 93:4,11
entity 162:16	eta 135:15	104:18 168:19	93:11 115:8
162:18	ethnic 14:10,11	exact 85:2	116:14,19
envelope 42:19	ethnicity	exactly 18:13	118:7,17 119:2
42:20 43:1,10	149:11 166:11	42:6 156:6	119:12 120:13
43:10,20,20,21	eu 19:17,19	example 14:9	120:19 121:1,6
environment	20:2,4,5,8	39:10 75:13,19	121:18 122:18
126:4	104:15,16	82:12 94:5	123:1 124:1,21
environments	evaluated 90:6	109:21 122:21	125:17,20
131:19	evaluation 1:2	143:2 152:15	169:1,17
	2:12 7:2 114:4	153:20,21	175:16 176:5

[exempt - fda]

April 4, 2023

178:7	exposure	fact 72:14	134:8 136:14
exemption	123:13,18	151:20 158:6	fail 88:2
116:4	176:14,21	facts 17:13	fall 44:16,18
existing 22:2	177:1 178:1,3	85:1 100:5	88:5 93:13
35:20,20 72:5	178:5,7	faers 1:5 5:10	falls 62:12 71:5
82:11,16 83:2	exposures	7:13 9:16	false 69:6 71:9
105:14 106:7	176:11,12	12:12 14:19,20	71:13,20 72:14
106:11	177:9,12	15:2,16 17:9	73:7,10,14
expect 40:11	expounded	24:8,9,12 27:3	74:8 101:21
86:20 95:13	168:20	29:7,9,9 30:2	146:20 150:9
158:12	extended 16:12	34:2 35:1	158:1 161:9,17
expected 68:19	extension 13:9	39:14,16 42:8	161:19
70:16 72:4,9	13:17 16:9	42:14 51:17	familiar 107:20
72:19,19	45:12 54:17	95:4 100:7	120:15
160:10	65:21 84:3	106:4,16 107:5	far 173:21
expecting	100:14 110:8	107:8 108:5,14	faster 48:2
39:21 40:5	127:1 154:16	108:17 112:10	142:8,12
expedite 130:8	154:18 160:15	117:5,8 118:1	fda 1:1,4,9 2:5
160:18	extensions 5:4	118:11 119:19	2:9,13,16 4:8
expedited	7:19,19 13:11	119:21 124:9	4:11,14 5:7
69:14 70:15	17:2 18:2,4	124:17 125:3	7:12 8:18 10:1
71:6,10,15,16	51:10 58:1,5	125:13 127:11	11:12 13:19
71:20 72:11,13	65:14,15,16,18	134:19 135:14	14:15 17:17,19
72:14 116:10	99:12,15 131:8	135:20 140:12	18:1,1 19:14
119:11 160:11	145:6 168:10	140:13,14	19:21 20:6
160:18 178:2,5	169:11,13	141:1,4,7	21:9 22:9
experienced	171:8,11	142:7 151:14	26:14 44:14
122:19 178:3	external 153:3	155:6,21	50:16 51:20
experiment	155:20 157:12	156:13,20	52:11,15 53:16
69:6,7 70:19	extra 94:11	157:15 158:3,9	53:19 54:5,19
71:4,19	extracted 70:3	159:1,13 168:4	58:1,4 62:15
explain 41:12	145:5	170:16 180:18	64:14 68:18
57:1	eye 136:9,11	180:20 181:2,4	69:10 73:1,4
explaining 17:5	172:4	181:10 183:18	74:3,5,14 76:5
explains 41:13	f	183:21 184:10	76:7 84:11
exposed 122:5	facility 14:4	184:11	85:1,7 90:9,10
122:20 176:7		faersesub	93:16 94:15
		35:14 63:13	95:10 102:19

[fda - finally]

April 4, 2023

	1	1	
105:9 106:7,9	fda.g.k.12.r	97:18 102:10	64:17,19 65:4
107:1,4,11,15	101:14	102:12,15	72:10 113:6
116:18 118:9	fda.g.k.13.r.	103:2,14,16	126:18,21
118:13 119:3,6	93:19	104:16 110:8	127:15,15,16
120:16 121:13	fda.gov 27:1	110:12 148:10	127:18,20
121:14 123:6,8	170:15	148:14,18	128:4,9,14,14
123:9,12 126:4	fda.gov. 17:10	159:21,21	129:1,3 133:19
128:11 130:7	fda.hhs.gov	160:2,3,13,13	133:20 134:5
136:20 137:17	63:13 134:8	160:15 161:1,6	139:12 142:4,5
141:6 145:4	136:14	161:20 162:4,6	168:14 179:15
148:21 149:2	fda.hhs.gov.	162:19,21	180:1 186:16
149:18 151:10	35:14	163:18 164:9	186:19
154:21 155:5,5	fda01 160:8	164:14 165:1	filed 65:9
155:7,10,11,12	fdafaers 100:8	165:21 171:16	files 15:5 16:14
155:12,21	fdas 40:5 43:15	171:17 179:5,5	38:17 42:4,7
156:7 157:14	43:17	182:15 185:13	42:21 47:20
158:3,9,15,16	fdr 87:1	185:16	48:14 52:12
167:3,13 168:6	fds 87:7	fields 39:18	62:5,6,7,9,10
171:5,7,8	federal 106:11	41:7 45:14	62:14,15,17,18
179:9 184:2	fee 186:7,12	57:13 78:16	65:7,8,9,10
185:2 186:11	feed 18:14,17	100:21 104:9	100:3,7 108:4
187:13,14	18:18,19 156:5	104:11,14	108:5 124:9
fda's 13:12	feel 100:20	162:5 163:1	126:19 127:7
15:12 21:2	124:10	164:18 165:19	127:16 134:9
26:15 34:1	field 14:6,12	176:8 180:17	142:6 179:12
86:6,9,16 87:4	42:2,2 53:9,14	180:17,19	179:13
87:6 127:1	53:17,17 54:1	181:1	fill 27:19 70:16
178:5 180:10	54:2,11,13	fifth 82:19,19	148:13
fda.c.1.12.	55:3 57:14	file 13:13 14:2	filled 94:4
79:15	59:8 66:16	15:17 16:1,18	filling 28:16
fda.c.1.7.1.	67:6 69:4,5	16:20 24:8	40:11
160:16	70:10,11 71:19	29:18 33:8	final 10:11
fda.c.5.5a	72:5,7,18 73:3	39:12,14,21	106:21 118:3
111:10	80:5 82:7,8	40:4,6,11 41:1	finally 9:5
fda.e.i.3.h.2.	84:1 86:12	42:6,7,12 43:2	62:19 68:13
100:17	90:8 91:3,13	43:2 52:18,21	96:17 111:11
fda.g.k.10.a.r	91:14 92:10	61:16,21 62:2	124:11
178:11	93:16 94:15	62:11 64:16,17	

[financially - further]

April 4, 2023

Γ			
financially	fix 129:15	footprint	97:6,8,11,14
189:15 190:11	fixed 11:15	146:17	97:16 98:1,4
find 19:6 61:14	132:7,11	forbid 95:9	126:8 151:4
63:11,14 97:8	fixes 95:14	foregoing	158:20,21
119:13 132:9	132:6	189:3,4 190:4	159:6,8,11,19
151:17	flag 150:7	foreign 86:10	160:7 165:20
findings 31:18	157:21 161:4,7	86:11 87:2,3	172:2,6,8
108:20,20	161:16	forget 97:21	173:4 178:18
first 4:6 6:4 9:7	flagging 177:20	172:10	179:1 183:17
9:17 11:20	flavors 181:6	forgotten 144:4	found 64:7
15:6,11 23:20	focus 84:4	form 22:6 25:9	four 9:12 13:16
24:5,14 51:12	88:10 114:11	26:2 27:4,20	41:18 48:1
52:17 53:13	118:20 141:18	28:14,17 33:7	49:3,5 50:16
55:12 80:9,9	fold 161:8	50:4 90:20	82:18 168:9
80:17 81:2,6	folder 42:4,7,8	91:4 116:17	173:16 177:7
81:20 84:13,15	42:13 45:7	118:9,12	180:12
85:7 91:8 95:7	108:4,6 131:21	122:21 138:17	fr 187:3
97:10 99:15	folders 42:9	formally 152:4	free 35:11
101:15,20	folks 63:17	format 5:2,8	45:14 91:13,14
106:18 109:6	follow 16:21	12:5 27:16	103:2,5,13
110:3 111:5	30:2 32:7,9,11	89:3 97:3,4	124:10 165:7,9
113:2 119:4	32:11 66:13,14	103:1 105:17	165:10 186:15
120:13 125:2	66:17,18,19,19	106:4,14 107:2	186:16,20
126:21 130:2	97:3,5 102:7,7	107:11 109:2	front 33:2
133:18 135:8	117:1 143:13	113:6 117:5	42:19 140:9,11
136:6,9,11	143:18,19,20	118:1,12,18	fulfil 70:15
140:15 143:21	144:2,5,8,9	125:14,20	71:4,10,14
144:1 159:18	162:3,3 166:5	135:20 137:3,7	72:4
170:7 171:19	166:17 176:15	137:11 139:6	fulfill 160:9
174:4 176:13	177:1,5	183:14,16,16	full 58:19
181:5 184:20	followed 169:5	formats 116:18	84:13,15
fist 136:1	182:1	forms 79:7	187:14
fit 34:18,18	following	forth 22:3	fully 141:15
176:2,12	106:3 119:4	28:19,20	function 77:11
five 28:6 68:20	152:7 176:13	132:10 155:14	149:3,8
70:21 72:10	follows 34:20	forward 8:21	further 56:13
139:16 154:18	food 1:1 117:13	64:1,7 96:17	56:17 63:4
160:11		96:20,21 97:1	187:1 189:13

[further - going]

April 4, 2023

Page 19

100.0	120.4 < 12	72.10.12.105.7	00.0 10 105.10
190:9	139:4,6,12	73:10,13 185:7	98:9,10 105:10
future 59:2	140:9,21,21	187:11	108:13 127:3
118:11 129:17	141:8 159:2	gives 50:20	129:5,15
171:10	168:1 170:9	51:6 53:16,20	130:11 132:9
g	184:6 186:9	54:1 55:2 85:1	133:18 135:13
g 4:1 80:10	gathering 12:4	138:8	136:16 137:10
134:15	general 18:21	giving 87:9	138:4 139:2
g.k.1 167:7,8	25:11 42:10	94:7	140:21 141:11
167:15 178:8	58:5	gk 80:2 84:3	143:6 151:3
g.k.1. 80:5	generate	88:15 91:17	153:8 155:15
122:14	129:18	gk.2.2 85:5	156:11,15,19
g.k.12.r.1	generated	gk3.1. 88:16	158:18 159:14
149:2	126:18,21	global 22:10	160:7 164:14
g.k.2.1.1b 84:7	generic 2:12	86:6	166:10 167:16
g.k.2.2 122:6	7:3 8:8 113:21	go 4:14,16 5:15	169:6 171:14
176:1 178:9	114:6,9,14,17	5:15 7:10,20	173:11 178:15
g.k.2.2. 86:12	114:21 115:2,4	8:4,15,21 9:5	185:8,11,12
111:19	115:13 116:13	9:18 15:8	187:4,7
g.k.2.3.r.1	116:16 117:11	16:15 17:4,4	goal 107:3
122:9 175:21	125:21 126:1	19:11 20:6	god 95:9
178:10	ger 29:3	22:15 23:13,17	goes 24:20,20
g.k.2.3.r.2b	getting 19:18	24:21 28:17	29:9 39:14
86:13	47:1 48:18	30:2,21 31:18	54:4 131:16
gateway 5:10	87:19 137:6	32:21 36:10	136:20 140:9
12:19,19 15:14	give 9:9 11:6	38:20 41:11	140:10 155:8
24:2,4,5,11	16:19 26:17	42:8 46:21	155:17 157:18
25:5,13 29:15	30:11,12 54:11	50:11 53:1,12	158:1 160:1
29:17 30:16	58:6 61:16	54:18 55:10,20	161:8,8,12
31:9,9 35:5	103:5 126:10	56:9 59:13	167:3 185:14
36:11,12 39:20	130:5,16	60:9,11 61:13	185:17
42:6,11 50:2	136:18 138:3	62:4,9 63:16	going 4:18 5:1
51:2 106:9,19	143:2 147:16	64:1 65:13	5:18 6:12,13
108:3,5 117:6	150:20 151:19	70:2,6 77:17	6:18 7:6 9:11
117:19 118:19	152:14 154:19	78:21 79:1	12:13 14:21
127:20 131:18	174:1 175:14	82:14,15 84:6	19:18 27:12,21
133:4 134:1,1	177:13,15	86:10 87:3	28:11 36:17
134:10,13	given 14:9	89:19 90:17,21	44:5 47:16
	26:19 67:2	95:6 97:6 98:6	56:5 57:18

[going - hours]

April 4, 2023

59:1 61:7	guest 188:1	181:12	hi 114:2
62:21 66:5	guidance 10:11	header 36:13	hierarchy
70:2 74:12	72:6 74:2,3,5,6	37:21 39:10,11	152:3
75:4 90:17	74:6,9 106:21	42:1,3,5,18,18	high 125:11
92:8 99:20	117:16 118:3	43:6,14 44:3	highlight 5:3
100:11 105:3,8	119:10	48:4 59:21	113:1
105:10 109:21	guide 50:17	60:5,6 100:6	highlighted
110:16 111:1	51:11 98:1	108:3,11 111:6	29:11 100:4
111:11 112:14	119:6 152:18	120:16 169:9	123:21
117:14 129:10	161:11 171:4	headers 13:4	highlights
132:19 134:21	172:11	39:21 45:7	108:1 117:15
141:4,17 144:5	guidelines	100:2	highly 63:14
151:10 153:14	49:16	health 2:7	124:5
153:15 154:13	guys 136:1	69:18 165:8,11	history 55:16
158:18 164:8	h	165:14,17	55:17,21 56:2
173:2,3 187:14	h 54:6	181:6	56:10 176:20
good 4:5 25:17	hand 55:12	hear 13:15	hit 25:10 33:20
43:5 96:12	handle 114:17	49:13 78:7,13	hl7 55:5 62:6
98:11 105:7	happen 5:9	96:10 105:4	62:16 153:2,8
117:8 126:19	30:21 44:2,11	heard 33:9	153:17 155:19
129:5,20	90:14 129:16	124:2 135:15	157:12 171:14
166:10 187:12	132:8 140:5,6	heart 63:20	hold 137:14
great 43:1	140:15,19,19	held 146:13	168:21
53:12	141:14 147:8	help 14:7 50:13	holders 32:3
greater 142:1	happened	88:13 89:15,16	hope 15:18
grid 19:6	33:12 149:8	94:11 124:18	49:13 119:13
group 14:10,11	160:12	130:8	187:11
81:3 149:14	happening	helpful 119:14	hopefully
155:20 156:8	33:10 132:8	helps 47:13	20:12
gsrs 22:11 86:9	134:16 140:7,8	86:16 87:9	hoping 16:20
86:16 87:1,5,7	168:2	90:1 94:1,1,8	61:16
88:4,13 168:19	happens 25:13	136:15 142:2,3	hospitalization
182:7	87:2	142:3	123:4
guaranteed	harmonization	hereto 189:15	hospitalized
30:12	1:6	190:11	101:2 123:2
guess 49:3,5	harmonized	hey 26:15	hours 5:17
105:4 183:2	180:20 181:2	29:17 32:8	15:19 16:5

[house - import]

April 4, 2023

	[Γ	Ι
house 179:18	42:17 56:11,12	87:21 99:16,17	ii 117:8 118:11
housekeeping	57:20 59:11,20	147:12	125:3
5:16	60:2 64:11	identified 52:5	illustrate 110:1
huge 109:4	66:13 84:14	52:8 129:15	immediate
142:5 153:12	86:2 110:15	132:14 152:16	109:11
human 14:4	118:5 121:2	176:5	immediately
89:1 92:3	129:17 137:8	identifier 41:9	70:12
hundred 47:20	137:10 145:8	41:10 45:3,5	impact 20:6
74:15,21 142:2	145:11,14,17	46:5,7 55:3	implement
i	186:19	58:3 66:10,11	9:20 10:1
ic 82:13	icsr's 118:17	67:6 84:7 85:4	11:13 106:13
ich 1:6 4:9 5:2	icsrs 15:2 16:3	99:16 111:7	187:15
5:8 6:15,21	20:19 22:21	120:21 121:1	implementati
13:13,16,17	23:5,6 27:16	121:18 145:7	5:5,10 6:8 7:7
17:1,15,17,18	29:12 41:15,15	145:10,20	7:10,11 8:10
17:19 18:3	41:17,18 47:2	146:2,4 151:11	8:11,15 9:15
21:8 41:6 45:9	51:8 81:13,14	151:15 152:18	9:16 11:4,8,9
51:11 52:11	85:17 108:2,19	identifiers	11:11,11,14,18
53:16 54:7,8,8	109:16,17	142:15,18	11:20 12:11,13
55:14 56:13	111:3,12 119:7	151:10,18,19	13:21 17:14
58:7,19 59:10	119:19 120:12	151:21 152:1	19:3,5 49:16
59:18 62:7	120:17 121:4	identifies 132:6	50:8,9,15,17
65:9 66:8 98:1	122:4 129:18	151:16 153:1	51:11 52:6,15
98:3 106:4,9	133:3 135:19	identify 104:9	63:21 99:2,4
107:10 122:6,8	135:19 137:3	108:6 122:5	106:10 107:18
124:7 145:3	137:21 138:1	125:4 152:18	119:6 126:15
154:5 155:3,8	142:2,10,11,12	175:18	130:11 135:11
155:20 157:13	142:19 143:1,9	identifying	159:16 169:19
158:2 159:6,9	143:10,10,15	101:15 120:12	171:4 172:11
159:10 168:9	144:12 145:12	122:3 153:10	implementing
171:2 172:10	179:19,20	153:10	23:17 26:16
172:11	idea 129:13	idn 90:11	51:10 130:19
ichr 155:1	158:16	ids 13:3 22:12	187:13
icrs 39:8,9	ideal 120:6	36:14 37:10	implements
icsr 13:13 15:5	identification	38:14,16,17	11:12
23:3 25:8,10	14:5 41:6 53:9	40:4 48:4 68:8	import 74:10
28:13 40:12	53:14,17 65:20	68:11 108:3	181:3
	66:5 78:9	120:16 170:9	

[importance - information]

April 4, 2023

importance	included 34:10	108:2,13,15,16	73:3 74:11
120:12	83:4 146:15	110:1,4,6,7,13	83:12 103:7,18
important	169:13,14	110:15,17,17	indirectly
11:18 14:13	includes 55:19	110:20 111:9	27:10
15:3 19:13,15	108:20 123:12	112:11,12,15	individual
23:16 29:1,11	127:1	113:2 115:6,6	31:14,15 32:16
38:1,19 39:19	including	115:8,8,16,16	78:12 108:19
40:15,21 41:4	20:11 125:16	115:17,20	116:2
41:6,11 46:3	incorrectly	116:4,4,14,14	inds 36:6 41:15
46:19 49:19	38:2,4,12	116:18,19	41:16 106:15
51:20 66:20	increased 16:2	117:12 118:4,7	109:9 110:18
75:9 78:15	109:1	118:15,17	117:17 174:7
80:5 81:18	increment	119:2,11	industrial
84:3 85:13	167:20	120:13,19,21	132:12
87:16 92:21	incurred 60:16	121:6,18	industry 10:6
100:10 102:15	ind 4:20 5:7,13	122:18 123:1	74:3 88:9
111:4 112:3	5:13 6:13,19	124:1,21	117:16 119:10
122:4,12	8:7 22:8 39:2	125:13,13,16	127:6
123:17 141:20	39:17,18 40:17	125:19 135:17	inefficient
143:5,13,17	40:19 41:14,15	140:5 141:15	105:18
148:6,20 159:5	41:16 43:4,8,9	148:7,8,8,9,12	inform 63:13
169:4 177:11	43:9,10,17,19	148:16 150:3	115:9
imports 42:12	43:21 46:5,5,6	157:7,8,9,16	informal 153:9
108:5	46:11,11,11	169:1,1,17,17	informatics 2:8
imposing 45:12	47:6,11 48:13	173:20 174:5,6	6:16
improve 126:1	64:11 65:1,2	175:2,16 176:5	information
inbound	69:1,1 77:17	178:7 181:9	12:10,16 13:5
131:21	77:18 78:4,6,7	indicate 121:9	17:1 25:17
inbox 116:20	78:7,12,15	121:10 122:17	27:21 28:13
include 8:10	81:14,21 82:3	124:14	29:16 32:10,11
34:11 75:11	84:20 89:2,4	indicates 59:19	32:12 55:19
108:18 109:15	90:3,4,4,6,6,7	60:2 113:10	57:11 61:20
110:16 111:9	90:11,13,14	indicating	71:5 72:18
111:12 112:18	92:11,16,18	121:17	73:7 74:8 76:3
113:3 120:20	93:4,7,11,11	indication	76:8,11,12
121:12 131:8	102:18 105:3,9	112:9	79:19 80:3
142:1 176:16	105:15 106:14	indicator 70:10	81:1 88:15
177:2	106:16 107:1	70:12 71:8,13	91:17 92:21

[information - keeping]

April 4, 2023

	1		1 1
101:4,5,11,12	inspection	101:6,10	itu 152:9,12
101:19 112:17	33:14	introducing	153:1 155:18
113:13 119:20	inspectors	5:15	157:10
120:10,17	33:14	invalid 60:17	j
123:9,16 124:6	instance 64:12	invest 31:9	j 38:15 48:5
142:13 150:20	64:12 65:7,8,9	investigating	j 50:15 40.5
162:2,11,13,15	65:10 154:4,18	111:16	january 56:4
166:15 175:4,8	instances 65:11	investigation	130:18
175:9 187:12	instructs 64:13	94:12 153:16	job 1:21
187:12	intended 31:11	183:20	join 151:5
informations	31:21	investments	joined 157:10
38:15	intending	131:6	joining 126:7
infrastructure	91:10	invite 105:2	joint 152:9,12
31:12,13	intensive	invited 133:1	152:21 155:18
ingredient 88:4	105:19	invitro 108:21	july 133:6
92:3 182:6	intentional	involved 76:19	jump 163:16
ingredients	178:21 179:1	149:9	jumping 97:7
92:3	inter 91:19	iscr 29:7 41:6	97:13
initial 9:19	166:13 167:18	43:7 142:20	june 107:4
10:1 32:7,8,10	interacting	iso 104:14	jung 2:10 3:5
66:13,17 72:15	80:15,18 81:11	152:9,9,12,21	6:19,21 113:19
72:17 78:1,16	122:16	155:18 157:10	114:2 126:12
117:1 143:18	interactive	issue 14:8	175:13 178:14
143:19,21	81:16 177:16	129:16	188:1
144:12,13,14	interchange	issued 95:1	k
144:17,18,19	48:20	issues 16:14	
146:18,20	interested	63:15 114:17	keep 20:14
148:19	189:15 190:12	114:21 115:5	21:9 25:18
initially 9:20	interesting	115:11 124:18	32:1 33:18
39:1	163:18	127:18 129:1,3	36:16 37:4
initials 77:16	internal 172:16	129:4,14 132:6	38:10 47:15
181:14	internally	132:6,9,11	136:9,11
initiation	114:20	133:7 170:13	140:11 144:10
176:18	international	it'll 18:10	164:10 172:4
initiator 163:5	1:6 152:4,8	item 11:20	keeper 158:15
inquiries 135:6	internet 170:14	items 5:17	keeping 36:15
inside 43:10,20	intervention	11:19 99:1	44:7 65:11
	100:16,19		

[keeps - life]

April 4, 2023

		1	1
keeps 32:14	56:14,14 59:10	167:1 168:13	lay 165:15,17
kelley 2:14	61:8 63:12	170:4,12	lead 24:19
kept 32:16 59:2	65:21 67:18,20	171:16 172:5	learn 24:18
key 5:12 17:13	68:4,19 69:5	174:1 177:20	learning
19:2 99:1	72:5 73:11,13	179:2,4 181:3	119:17
114:14 177:11	75:7,14 76:7	181:16 182:9	lee 2:10 3:5
kind 11:10	76:10,11 77:3	182:15 184:2	6:19,21 113:19
17:4 18:12	78:13 79:12,13	184:19 185:7,8	114:1,2 175:13
20:9,18,18	82:10,20 83:3	185:9	175:17 188:1
26:4 40:13	84:20,20 85:2	knowledge	left 14:9 53:21
51:1 63:11	85:19 87:8,10	158:15 189:10	55:12
69:20 81:1	87:19 92:7,16	190:6	legend 57:19
85:20 128:3	93:3 94:3,9,10	knowledges	length 16:11
130:1,16 140:7	94:11,20 95:1	23:10	54:2 56:15
172:17	95:13 96:2,10	known 85:3	58:8,8 60:18
know 5:97:15	96:11,13,20	86:4 119:8	60:20 69:10
8:11,18 9:2,17	99:21 111:17	152:2	73:6 74:15,21
10:18 14:2,7	124:10 127:19	knows 35:15	83:8 91:21
14:15,20 15:2	128:11 130:6	42:6	93:19,20 110:8
15:8,20 16:1	131:2 132:21	l	123:10
16:13,18,19	133:4,11,16	l 54:14	lengths 121:14
18:17 19:8,9	134:2,3,8,9	label 92:5	176:3
20:14,19,20,20	135:1,10,15,18	labeling 22:14	letter 43:2,2,11
21:7,17 22:1	136:8,12	22:16,18 23:2	43:21 60:16
22:17 23:18,18	138:18 139:13	85:16 86:1	109:7 138:9
24:19 25:4	139:14,18,19	labor 105:18	140:9
26:11,17,17,19	140:1 142:8,10	lack 57:2	level 67:11
27:9,11 28:15	143:20 144:1,4	large 142:5,9	68:12,13
30:13,20 31:7	144:7,8,14,17	lastly 14:13	172:20,21
34:1,6,16	145:1 146:11	78:2 121:12	levels 67:13
35:19 36:4,11	146:12 147:3	135:12 149:21	leverage 106:7
37:2,19 39:2	150:9,11	172:1	library 182:2,5
40:8 44:7,9,16	151:12 154:2	late 133:5	license 32:3
44:18,20 45:13	154:15 156:4,6	latest 75:13	lies 44:12
45:17 46:19	159:5 160:4	143:15	lieu 183:18
47:2,15,19,21	162:1,20	launching 35:8	lieutenant 2:6
49:18,20 51:1	163:11 164:9	iuunannig 55.0	life 101:1 115:3
51:5 55:9	165:14 166:14		

[lifecycle - make]

April 4, 2023

	1	1	1
lifecycle 66:14	110:21 112:21	38:15,17 39:13	lunch 5:19 6:11
likewise 65:5	114:19 119:13	39:14 40:4	8:1,1 50:7
limit 133:11	123:14 125:1	43:14,17 48:4	77:18 90:14
185:14	183:5,12	48:13 68:8,11	98:9 99:3
limitation	listening	100:8	m
185:13	125:10	longer 109:6	m 54:14
line 60:17	listing 17:10	185:2	m.ed. 2:6
100:2 110:11	104:8	look 13:7 20:20	made 12:11,16
136:14 172:7	lists 54:18	39:9,15 53:7	64:3 76:5
link 4:13,15	56:12 59:16	60:10 70:5	124:9
38:16,18 70:1	62:20	73:7,21 81:2	mail 30:20
74:4 95:19,19	literally 138:2	87:11 91:8	75:15,17
102:16,16	little 5:4 9:9	98:4 100:20	mailbox 118:9
104:4 107:12	17:5 51:3	124:10 128:3,5	main 46:21
128:6,8 130:15	53:12 141:18	136:17 152:10	96:12
180:11	live 135:13	153:13,18	maintain 44:13
linkage 117:1	136:20	154:8 155:1,16	185:6
linked 78:10	livengood 1:20	156:11 171:4	maintained
147:12	189:2,19	171:15,19	32:21 40:21
links 51:13,14	load 30:19	172:12 173:11	maintaining
147:13 173:11	142:6	looked 65:6	44:20
list 2:2 18:8,9	loaded 29:9	96:14 134:4	major 130:21
18:19 21:2	local 68:16,17	looking 45:6	make 10:12,17
52:10 56:6	69:3,9 70:15	49:8 85:2	22:21 23:5
60:14 61:18	72:4,9,12	87:13,15 126:8	28:3 33:16
62:6 64:12	85:11 102:2	156:6	34:20 37:18
81:2,20 82:16	147:2,2,9	looks 19:18	39:3,15 45:15
83:3 87:8 90:7	154:7,8 156:1	43:5 50:13	45:18 46:1,2
91:9 96:6	156:2,3,7,14	56:2 99:7	46:14,18 47:3
97:16 109:5	160:16 182:4	127:13	47:3 48:9,20
129:1,3 130:12	locale 160:10	loop 24:13	62:11 67:20
152:14 156:12	location 1:17	lot 9:18 22:5	68:14 71:16
156:13 157:2	24:21 25:1	35:15 49:19	74:9 87:17,19
159:12 165:11	62:13 134:3	104:20 124:3	88:7 91:5
171:1 174:7	171:15	165:3 186:13	93:12 102:7
listed 27:13,14	log 37:10	low 31:8	121:6 124:4
61:1,7 102:13	login 13:2,3	lsmb 131:7	126:19 132:10
106:17 107:14	28:4,7 38:5,14		120,17 152,10

[make - maximum]

April 4, 2023

Page 26

133:19 137:14	manually 25:8	34:14 35:2,5,8	133:3 134:20
138:19 143:7	28:14 117:1,2	36:1,3,4,5,7,12	134:20 135:19
167:15 169:4	180:2	36:17,18,19	135:19 136:4
171:20 172:7	manufacturer	37:7,9,10,12	137:21 138:1
181:18 182:3	92:5 104:11,12	37:12,13 38:2	139:5 141:5
makes 66:16,18	104:12 138:6	38:3,3,4,6,8,9	143:1,3,4,9,10
67:9 77:7	165:1	38:11,12,12,13	143:10 145:8
125:15	manufacturers	38:20,21 39:7	145:13,15,17
makeup 111:12	44:14 87:13	39:8,12 40:4,5	145:19 146:7,8
making 15:3	181:7,8,9	40:7,7,9,12,16	146:11 160:21
19:10 34:2	map 160:2,14	40:16,20 41:18	167:19,21,21
38:7 68:6	160:15,19	41:19,20 43:16	169:2,6,17
88:10,11 170:7	162:9,9 165:7	44:2,2,8,9,11	173:5 183:15
172:6,17	166:16 167:6	46:15,16,17	marketed
malfunction	mapped 160:5	47:4,5,5,6,6,12	87:12,15 89:8
77:2,13 80:12	161:1 181:10	47:12 48:19	89:11,14 90:5
81:4,5,6 83:13	mapping 161:8	54:11,12,14,15	marketing 37:1
101:16,20	161:19 167:5	56:16,16 67:7	38:21 39:1
102:3,4,20	178:19	67:10,17,18,19	70:8 88:18
149:6 150:6,7	maps 161:12	68:1,1,4,7,9,9	100:12 182:16
150:10 161:15	mark 61:3,12	70:9 71:11,18	maryland
161:16,18,18	markable	74:1,1 80:7,7	189:20
181:14,16	163:7	81:12 85:8	mask 79:11
manage 10:20	marked 58:1	87:14 88:19,20	174:19
21:12,13	162:17	97:2,4,9,12,14	masking 79:12
management	market 4:8,8	97:15 99:13,14	match 23:2,7
126:2,7	5:7,13 6:6 7:16	100:4,5 101:7	44:1 83:20
mandated	7:16 8:3,6 9:2	105:1 106:8	88:3,4 146:1,3
138:11,12	9:2,3,13,14,15	110:2 112:11	matches 182:5
182:15,16	9:17,21 10:2,2	112:13 114:12	material
mandatory	10:8,8,14 12:2	115:4,12	178:19
137:8,10	12:2,4 13:3	116:12,13,17	max 47:21 58:8
162:21 179:5	22:15 23:17	117:3,4,11	60:18,19 73:6
183:3,9 185:4	24:16,17,20,20	118:15,15	74:14,21 93:20
185:4	24:21 25:2,2	120:17 121:4,5	110:8
manner 116:10	28:16,17 31:19	123:19 124:4	maximum
manual 88:6	32:19,20 33:3	124:13 125:2,4	16:11 54:2
	33:3,5,5 34:11	125:5,12,13	79:16 83:8

[maximum - monitoring]

April 4, 2023

91:21 121:14	153:4 154:12	180:10 187:3	95:5
123:10	156:20 157:1,9	187:17,20	metal 65:4
mba 1:12 2:3	157:16 161:5	188:6	method 23:20
mcn 138:7	162:11 167:8	meetings	76:17 106:18
md 1:18 2:6	181:16 183:8	107:15	106:19 112:19
mdn 15:6,13	measures 22:4	meets 178:5	125:16 150:2
24:7	mechanism	mention 26:13	methods 7:8
me.txt 64:17	24:14,15,17	45:2 77:16	23:14,15,20
mean 13:11	109:10 127:5,6	85:10 88:20	30:7 31:2
42:16 92:11	127:8 128:4	92:13 102:18	49:17 99:3
129:9 130:21	169:9	162:6 166:13	106:17 139:9
142:21 144:6	mechanisms	180:7 185:20	169:8
150:2 152:17	6:7 7:8 23:15	mentioned	migrate 10:5
178:1 180:19	23:15,19 49:17	13:11 33:7	167:13
181:5	99:3	58:14 61:3	million 88:1
meaning	med 149:4	63:6 73:3 92:8	mind 32:1 44:8
121:16	meddra 143:16	92:9 118:7	65:11 144:10
means 16:17,18	152:15 153:4,5	170:4 174:13	164:10
17:19 21:20	media 30:19	177:18 185:21	minimal 77:4
25:11 29:8	medical 40:18	mentioning	minute 7:9
30:19 32:15	147:18	33:9	minutes 8:16
36:4 40:8	medication	mentions 30:18	49:3,5 105:8
42:16 44:8	76:21 100:18	mess 44:19	151:2 173:16
47:17 53:19	medicinal 84:7	message 15:12	mistake 45:16
61:4 65:4	85:4,6,8,14	16:8,11 18:11	mix 47:10,12
70:16,18 71:3	86:3 111:19,21	18:12,13 19:8	143:9
71:6,6,7,9,13	112:5 122:6	41:10 45:2	mixed 45:10
72:2 73:5,9,18	181:20	46:4 59:21	mixing 89:20
78:3,4 79:4,17	medwatch 34:7	60:3 61:6,7,16	model 62:6,16
81:15,16,16	141:2,2,6	61:18 63:8,8	153:12,13
83:14,18 84:10	180:18 181:2,5	120:21 121:18	moderated
88:5 92:15	181:5,10	145:20 146:2,4	1:12
97:2 103:8,18	meet 115:17	146:6	modification
127:19 128:11	116:4,5 118:5	messages 16:14	144:11,13,15
140:12 141:1	meeting 1:17	18:15,16 20:3	144:16,19
142:21 144:3	4:6,14 5:17,20	20:5 95:10	money 109:19
149:3,4,13	7:5 112:11	met 59:19,21	monitoring
152:11,17,21	117:17 134:16	60:1,3 61:4,6	98:15

[month - never]

April 4, 2023 Page 28

	1	1	
month 56:6	93:2,10 108:7	150:16,17,18	need 11:19
monthly 87:7	146:5,7,10	157:15 158:5	16:9 32:2
months 106:21	n.1.4. 41:8 67:6	164:19,20	36:14 51:7
118:2	n.2.r.2 45:13	175:19,20,21	53:3,4 68:18
morning 4:5	145:21 148:7	176:1,1 177:13	75:19 77:4
159:15	n.2.r.3 39:17	177:13,14,14	82:4,13 94:12
move 9:4,21	40:1,8 41:9	178:10,11	95:1 103:19
10:7 12:7	42:15 43:4,7	181:13,21	109:6,8,13,17
13:20 97:1	44:5 45:4,4,8	182:2,4,7,15	110:16 111:5,8
140:5 141:15	45:14 46:2,5	named 152:14	111:12 112:10
159:2 166:17	46:10 93:3,11	names 23:6,7	112:12,18
173:2 183:15	99:19 108:7	58:7 86:10	113:3 120:10
183:16 185:5	146:5,8	88:10 157:5,6	126:21 131:17
185:11,11	n.2.r.3. 43:3	165:1,12 173:9	132:6 139:6
moving 15:9	45:9 46:1	naming 22:20	148:1 150:3,9
172:4,13,13	48:18	narrative	150:12,16
mph 2:6,10	name 4:9 14:3	108:19 175:10	151:21 160:4
mpid 84:8,10	14:6,6,10,11	185:14,14,16	162:20 172:3
84:12,14,21	22:19 23:2,3	185:21	172:11 183:13
85:1 88:21	53:20 58:5,6	nask 75:3,4,16	183:17 184:10
msk 174:19	68:3 76:17	79:18 174:20	184:14,15
multiple 30:5	77:1,12,15	navigate 50:13	needed 52:8
77:14 79:21	78:16 85:6,7,8	nca 21:21	112:17 137:3
95:17	85:13,14,15,17	ncaevs 91:9	needs 18:5
n	85:18,18,19,20	ncd 182:10	62:17 63:11
n 1:9 2:1 3:1,1	85:20 86:1,3,4	nci 69:13 73:18	74:17 89:19
4:1 54:3	86:5,7,11,18	74:17 79:4,17	159:4,7 160:14
n.1 41:5	86:19 87:4	91:1	160:15
n.1.3 93:2,10	88:3,4,11,12	ncievs 94:14	negates 85:9
146:1	103:4,9,10,13	nda 88:21 89:2	negative 56:20
n.1.3. 146:1	103:17,20,21	89:4	95:7 96:7
n.1.4 39:16,21	104:6,6,12	ndc 84:11,13	108:10
41:7,8 43:3,4,7	111:18,19,21	84:13,21 85:3	neither 177:19
43:15 44:4	112:1,1,3,5	85:3 182:8,9	189:11 190:7
45:5,8,9,13,13	113:3,5 114:2	182:11	network
45:21 46:7,9	122:7,8,10,10	necessary	140:12
48:17 61:5	122:11 150:12	91:18 101:13	never 26:17
	150:14,15,16	124:3 162:13	84:9

new 2:8 6:16	143:17	number 17:21	numerically
11:2,4 23:18	noted 18:6	17:21 21:18	151:16
24:18 32:12	23:10	24:10 39:19	0
37:9 46:8 52:7	notice 111:5	40:17,19 53:18	
66:1,18 68:18	187:3	55:16,19 56:2	o 3:1 4:1
69:2,8 74:13	notices 89:18	58:2 60:15,17	o'clock 4:4
79:2 82:7	notification	60:19 66:18	object 55:3 151:10,11,15
105:13 106:2	15:13 118:13	73:18 78:5,6,9	151:16,18
106:10 109:3	notifications	80:19 88:16,21	151:10,18
110:5,7 112:9	124:12	89:4,4,5,5,7	objective 5:6
115:10 117:8	notified 140:2	90:3,7 92:14	objectives
141:3 158:10	notify 96:8	93:5,8 104:20	114:7
161:1 168:3	119:3 136:6	107:11,14	obs 154:2
171:10,11	137:16 139:7	110:6,7,17,18	observation
news 117:8	139:19,20	120:3,4,4,7	18:8,19 20:21
nextgen 120:5	november	121:13,19	45:11 60:16
nfr 79:21	187:17	122:1 123:13	69:12 70:17
ni 73:7,10,10	nsa 79:15	138:7 147:12	72:1 73:16
73:13 101:4,6	null 103:10,11	148:5,8,9,12	80:13 81:10,15
101:8 103:6,15	162:19 174:18	148:12,13,16	81:17 82:11,14
104:7 146:19	174:20 178:20	152:19,19,20	82:15,16 83:5
146:21 148:15	178:21	154:14 156:21	83:11 90:21
166:15,18	nullflavor	157:7,8,9,10	91:8 92:9,16
nice 32:5 nine 4:4 132:14	54:21 57:10,16 59:7 62:8	157:16,17,18 165:4 171:9	101:20 102:9
nines 89:13	72:16 75:2,4	177:7 178:11	102:15 104:18
non 69:14 71:6	75:11,16 76:21	178:17	147:5 154:2
71:16 72:14	77:3,6 79:8,18	numbers 37:17	157:20,21
77:1 89:10	92:6,20 103:5	58:4 110:20	158:1,4,5
149:3,8 160:18	148:11,21	151:16 152:10	171:19,20
175:20 178:18	149:7,12	152:12 171:9	180:21
normally 28:6	161:10 166:4	numeric 54:4	observed 113:9
notary 189:19	174:14,15	69:11 74:15	115:5 120:6
note 27:4,5	179:6,13,14,16	75:1 79:3,16	122:18
38:10 45:2,10	nullflavors	83:9 92:1	obtain 120:2 obtained 87:7
56:19 75:9	54:21 57:1,11	93:21 103:14	
100:10 110:18	57:16 59:8	104:4,15 110:9	occasionally 122:17
112:3,10 119:9	178:18	121:15 123:10	

[occur - organization]

April 4, 2023

	1	1	1
occur 38:2	158:16 171:8,8	137:1,7 138:1	online 33:7
150:4 177:9	171:12,13,17	138:21 139:12	50:3
181:17	okay 4:16 5:14	140:3,16	onwards
occurred 78:5	7:4 10:3 12:9	141:16 143:1	137:10 139:11
93:5 110:6	12:19 14:12,17	143:11 144:10	184:2
113:12 121:19	15:9 16:21	144:20 145:6	open 52:18,19
148:16 157:7,9	20:2 23:12,14	151:5 153:18	70:1 128:8
157:18 178:7	24:2 25:7,9	155:16 158:17	opened 52:21
occurrence	26:2 29:6,12	159:17 160:5	99:6 168:11
109:1	31:1,4 33:8	161:2,10,21	opening 64:6
ocr 138:18	38:7 39:6 40:1	163:2 164:7,17	opens 51:15
october 105:4	41:3 42:13	165:16,18	operate 30:10
133:7	43:1,5 45:4	166:1,4,13	operator 156:9
office 2:4,8,11	46:3,12 49:5	167:1,15,17	156:10,17
2:12 4:11 6:9	50:14 51:12	168:1,2 169:7	157:2 165:6,13
6:16 7:2,3	53:3 55:18	170:11 171:21	opportunities
114:4	57:17,18,21	173:3 174:3	117:9
officer 2:10 7:1	61:21 62:3	179:17 180:1	option 23:20
189:1,2	63:15,18 65:12	180:16 181:13	25:6,20,20
officers 40:18	65:18 66:17	183:1,1,2	26:11,11 27:13
offices 114:19	67:9,12 68:15	185:1,13	27:13,17 29:13
115:2	71:7 72:20	onboarding	30:12 31:3
ogd 2:12 114:4	74:10 76:2,14	135:6	49:21,21 50:1
114:20 118:9	76:16 78:20	once 11:11,14	50:3 118:10
119:9 121:7	79:1 80:1,14	29:8 30:1,21	119:3 186:4,5
123:17	81:4,13,20	32:5 35:4 42:7	optional 58:12
ogd's 116:20	84:12 85:7	85:2 118:11	76:4,13 84:18
oh 95:6 145:14	87:1,5 89:13	126:20 130:2	93:21 102:10
148:20	90:8 91:2,15	134:12 139:5,5	102:12 104:14
oid 55:2 59:8	93:14 94:16	139:8 140:1,5	104:19,20
152:2,16,19,19	95:14 96:16	140:16 169:21	options 29:13
153:5 154:1	97:5 98:6	172:13 184:6	31:2 49:21
155:7,7 156:5	101:10 102:21	185:11	117:17 118:16
157:3,8	103:12 104:2,7	ond 2:8	order 106:13
oids 8:18,19,20	104:17 109:20	ones 48:7 52:7	128:1
8:20 59:8,10	113:18 126:13	55:1 62:15	organization
59:10 151:3	127:21 130:9	108:18 145:3,5	27:21 30:8,9
158:9,11,12,15	136:3,5,19,21	171:3 172:3	83:3 153:2

[organization - played]

April 4, 2023

			1
155:19 157:11	135:4,14	paths 120:18	181:9
171:20	170:17 180:11	pathway 37:11	pharmaceutical
organizations	pages 134:21	38:3,4,13	90:20 91:4
21:11 186:13	135:4	pathways	125:8 153:9
186:13	parent 111:9	37:11,14	pharmacovig
ose 2:5,15	parse 142:6	patient 28:18	114:9,15 115:3
outbound	part 16:2 32:5	32:16 76:15,16	115:13 125:9
131:21	42:19 92:14	76:17,19 77:1	125:21
outcome 123:3	157:4 175:7	77:1,3,5,8,15	pharmd 2:14
189:16 190:12	180:8	77:21 78:16	phase 115:4
outline 7:4	participant	79:2,9,11,21	170:3
98:21	148:12,13	148:3,19,21	physical 30:18
outlined	participate	149:8,9,10,14	pick 25:1 42:9
106:11	29:20	149:14 165:12	128:9
outlines 108:14	particular 18:6	165:15 166:2,9	picked 128:13
112:16	48:3 54:13	181:13,17	picture 24:6
overview 4:17	55:3,7 57:19	patients 77:14	140:7 179:8
51:6 105:12	61:5 63:19	pause 17:4	piece 17:18
114:9 171:7	66:16,20 70:5	pdf 50:17	81:19 157:6
own 126:3	75:10 80:6	105:17 116:18	pieces 157:5
138:5,7	84:1 86:12	pei 2:6 3:4	pinpoint 85:1
р	94:15 99:21,21	105:6 174:3	86:17
p 2:1,1 4:1	100:1,4 148:10	people 12:3	place 125:9
54:19	187:3	67:17	placebo 177:3
p.m. 5:18 151:3	particularly	percent 88:2	places 95:20
188:7	21:5	144:6	173:9
pack 168:20,21	parties 189:12	performed	plan 5:5 9:19
package 7:11	189:14 190:8	34:10	10:1 28:9 43:9
7:12,14 50:8,9	190:11	period 48:12	planned 9:20
50:15 99:4	party 76:10	129:8 136:3	97:11
packages	pass 34:1	137:5,21	planning 9:14
159:16,16	113:19	138:16 176:15	28:8 52:16
packed 7:5	passed 15:17	177:1,6 185:1	plans 6:8 8:11
page 3:2 4:14	past 176:13,15	185:3	107:18 130:12
7:12 12:12	176:19	person 119:1	platforms
17:10 27:17	patch 94:5	perspective	186:8
128:7 134:17	path 33:4	68:6 77:5	played 177:15
	120:14 121:9	172:18 173:1	

[please - pre]

April 4, 2023

please 15:2,4	171:11 172:17	36:1,7,12 37:1	postmark
17:2 19:8 23:4	policy 2:14	37:12 38:3,3	34:17
27:4,5 28:9	populate 22:20	38:12,12,20,21	potential 44:19
29:1,4,5 30:6	populated	40:9,12,16,20	109:4,15
31:2,2 32:1	78:17,17 86:20	41:18,20 44:2	pratti 190:2,15
33:16 38:10	86:21 172:18	44:9 46:15	pre 4:8 7:15
45:2,14,18	portal 5:11	47:4,12 48:19	9:2,13,15,17
47:3 49:7	25:7,7,15,19	54:11,12 56:16	9:21 10:2,8,14
63:12 74:20	26:1,2,7 28:8	66:14 67:17,18	12:1,21 13:2
85:3 97:21	29:3,20,21	68:1,9 70:8	22:2 23:17
98:13 107:19	30:1,13 31:5,6	71:11 74:1,1	24:17,19,21
119:20 120:17	31:7,10,11	75:5 80:7	25:2 28:17
120:20 121:2,9	32:17,18 33:1	88:18,20 97:2	31:19 32:19,20
121:12,21	33:12 70:13	97:14 99:12,13	33:3,4 34:11
122:11 124:9	106:20 117:8	99:14 100:4,5	35:2,5,8 36:2,3
124:11 135:21	117:20 118:21	100:12 105:1	36:5,17,18,19
137:14 140:1	120:5 125:6	106:8 112:11	37:7,9,10,12
142:17 144:10	136:21 138:2,4	112:13 115:11	37:13 38:2,4,6
170:12 172:7	138:20 139:3	116:12 117:4	38:7,9,11,13
172:10 173:1	140:1 184:14	118:15 121:4	38:20 39:1,7,8
174:5 179:7	184:16 186:8,9	125:5,12 133:3	39:12 40:4,5,7
180:3 182:3,13	186:18	134:20 135:19	40:7,16 41:19
182:14,17	portfolio 87:14	136:4 141:4	43:16 44:2,8
184:19	portion 14:16	143:1,4,10	44:11 46:15,16
podium 126:10	14:17,18 15:1	145:8,13,15	47:5,5,6,6,12
point 12:3 21:7	175:10	167:19,21	54:14,15 56:16
26:10 66:20	positions 17:3	169:2,17 173:5	67:7,10,19
67:21 74:18	positive 48:16	182:16 183:15	68:1,4,7,9 70:9
80:6 118:4	48:18 96:9,10	posted 13:5,6	71:18 80:7
120:11 135:2	96:11	50:4,6 56:4,5	81:12 88:19
137:9 139:11	post 4:8 5:7,12	65:12 74:4,6	90:7 92:13
144:4 153:5	6:6 7:16 8:3,5	107:11 127:11	93:5,8 94:3
154:21 171:15	9:1,3,14 10:2,8	169:21 170:1	97:4,9,12,14
171:17 184:2	12:2,4 22:15	170:16 180:10	99:12 101:7
points 20:1	24:16,20 25:2	180:12	110:2 114:12
36:4 136:18	28:16 31:19	posting 52:9	115:4 116:11
147:2 153:4	32:19 33:3,5	135:10	116:13,16
158:10 171:11	34:14 35:8		117:3,10

[pre - product]

April 4, 2023

[Ι	Ι	
118:15 120:3,3	preparing	137:18 176:16	119:12,15
120:6,17 121:4	119:18 135:5	176:17 178:4	129:20 132:9
121:5,12,19	137:4	189:5	140:14 141:14
122:1 123:12	prescription	private 92:5	processed
123:19 124:4	89:8,11 92:4	prmkt 42:21	15:16,17 29:3
124:13 125:2,4	present 92:15	43:16	33:15 180:4
125:13 127:9	93:6,8,9	probably 47:18	processes
131:19 133:3	presentation	49:2 54:6 56:5	106:7 114:11
134:10,13,19	64:5 92:12	88:21 98:11	116:13 117:3
135:19 136:3	114:8 118:20	128:16 129:15	processing
137:21 138:1	123:20 124:19	129:21 130:3	122:1 131:10
139:5 143:2,4	125:10 126:6	132:5 133:5	142:11
143:9,10	126:14 177:11	139:18 142:3	procodes 22:7
145:17,18	180:14 183:21	185:20	prod 134:15
146:7,7,11	188:2	problem 25:20	product 12:12
148:8 157:18	presentations	26:3 29:21	17:9 22:13,16
160:21 167:19	180:9	34:1 102:14,17	22:18 23:1,2,6
167:21 169:1,6	presented	150:10,11	51:6 68:3
prefer 47:9	107:21 169:3	163:19 164:3,4	70:10,12,19
preferred	presenting	164:5,7,10,11	71:2,3,8,9,13
181:21	114:5	164:13,14,16	71:14 73:2,12
prefix 18:1	presumably	problems	73:14,15,20,21
58:4 75:11	181:21	163:21	74:10 76:20
138:11	pretty 35:15	proceeding	77:10 79:20
premarket	55:4 65:4	190:4	80:9,17,18,18
118:9	previous 41:7	proceedings	80:20 81:2,9,9
premkt 39:16	56:7 66:21	189:3,5,6,9	82:2 83:15
40:6 42:21	132:17 133:8	190:6	84:7 85:2,4,6,8
43:4,7,15,18	163:6	process 11:3	85:10,14,16
44:4 46:7 93:3	previously	19:10 24:9	86:1,3,10,11
93:10 121:2	51:19 63:5,7	25:4,13 26:21	87:3,3,10,11
preparation	66:10 69:2	30:14,20 34:1	87:15 89:2,6,8
107:9	85:10 99:19	42:9 68:21	89:11,14,18,20
prepare 12:14	primary 85:6	75:20 88:7	90:5 91:20
119:16 135:9	110:4,7 122:7	105:13,13,14	93:16,19 94:2
184:3	174:6	105:17 106:2	94:9,10,16
prepared 190:3	prior 107:6	106:10,14	101:16,18
	120:7 127:9	109:3 114:16	102:5 103:7,9

April 4, 2023

Page 34

103:11,18,19	properly 85:12	publicly 38:6,8	q
104:1,2,5	proprietary	38:10 44:9,10	q&a 5:20,21
111:19,21	111:18,20	46:17 67:14	9:6 49:8 53:10
114:21 122:6,8	112:1,5 122:8	86:9 93:14	58:20 59:5,6
147:7 149:6	122:10 175:21	121:6 143:9	98:14 126:9
150:8,17,19,21	175:21 177:13	publish 38:6	135:7,7,9
152:3 157:21	177:14 178:9	67:14,21 68:6	151:5
158:6 161:3,7	protocol 177:5	93:13 107:5	q&as 50:11
164:21 175:19	prove 95:2	published 7:12	135:5
181:20 182:1,2	provide 11:8	10:15 38:8,10	qualified 189:7
182:4,5,15,18	56:14 86:5,8	44:9,10 46:17	quality 11:4
182:19,20	91:20 93:18	68:7,14 117:16	95:2
production	103:20 104:1	118:3 119:10	quantities
12:21 27:7	150:6,16	121:5 130:14	96:12
48:6 127:9	provided 60:15	130:15,16	question 35:18
129:10 131:19	64:13 65:7	143:8	58:21 59:1,5,6
134:10,13	66:21 78:5,6	publishing	90:2 173:14
136:7	79:8 83:11	67:12	174:1,4,9
products 4:21	86:4 103:2	pure 132:11	175:1,5,7,14
28:2,3,19 70:7	107:12 127:5,6	purpose 50:18	175:18 176:1,4
70:8 74:2 77:1	128:6 145:21	52:4 125:15	176:10 177:7
77:11,12 80:19	147:15 148:6	168:13 180:4	177:21 178:17
81:3,4 82:1	148:10,10,13	purposes 27:6	179:7 182:8
83:8 87:14,18	149:13 150:3	27:7 125:7	183:2 184:17
87:20 88:5,6	175:4	172:16 178:1	186:3
89:21 90:6	provides 52:1	pushed 10:9	questionnaire
114:18 119:8	52:10 55:14	put 14:5 34:2	34:12,13,14,17
125:8 149:2	67:11	46:20 57:19	34:20 36:5
professional	providing	59:5 64:4	questionnaires
165:8,12,14,17	128:19,19	66:15 76:19	34:11 35:3,9
professionals	133:15 187:20	95:19,19 104:5	questions 5:19
69:18 181:7	public 2:7	104:15 143:3,8	6:2,2 14:19
progress 131:5	125:3,6 127:10	143:21 146:13	19:16 35:16
131:18 133:15	134:14 143:6	149:12 159:8	49:7,7,8 59:3
prompt 187:10	169:6 189:19	putting 48:13	98:13,14,15
187:17	publication	49:7 67:13	99:5 124:11
proper 19:7	106:21		135:9 158:19

[questions - recommend]

April 4, 2023

	[1	1
173:20 175:15	15:1,5 16:1	179:14,15	realized 9:16
178:16 180:8	17:2 23:17	183:4,14,16	37:16
187:1,5,6,21	26:15 27:2	185:3,5,10,10	really 14:6
quicker 142:8	29:2 31:1 33:8	185:11,11	37:3 53:11
r	33:11,16 34:15	187:13,15,16	63:14 82:13
r 2:1 4:1 52:20	34:19,21 35:5	r4 17:5 68:10	85:12 88:13
52:21,21 60:8	35:7 50:8,15	race 78:21 79:1	89:20 94:1,7
128:4	51:7,20 58:19	79:1,2,6,10,14	105:19,21
r.ph. 2:10	59:18 64:7,14	149:11 166:2,9	130:8 142:2,3
r2 9:4,13,17,20	68:11 69:21	166:9	181:3,8 188:2
10:5 12:2,5,7	95:5 97:4,6,7	ras 2:15	reason 52:4
34:18 64:7	97:13,19,19	rate 109:1	57:2 66:15
69:3 84:9 97:3	99:2 100:9	rather 130:6	75:5 82:17
97:4,10,19,19	105:10 107:11	182:2	99:20 124:16
128:18 135:1,2	117:21 118:18	rational 34:13	145:2 151:17
135:3,5,20	119:6,16 122:6	reaction	reasoning 67:2
136:10 158:20	126:21 127:6,7	100:14,15	reauthorization
150:10 150:20	128:11,11,12	113:9,12	34:9
160:1,9,13,14	128:13,18,20	147:18	recall 163:12
160:20 161:4,5	131:13 134:21	reactions	163:13
161:5,9,16,20	135:21 136:1	115:21	recap 117:15
162:5,17,19	136:10,11,15	read 55:10,11	receipt 125:18
163:1,4,8	136:16,20	55:21 56:9	receive 27:18
164:4,6,11	137:3,4,7,11	59:14,14 62:3	88:1 108:9
165:7,8,9,14	137:17 138:16	62:4,19 63:11	109:11
165:16 166:1,3	139:6,11 140:5	64:17,19	received 26:5
166:14,16,21	140:18 141:13	104:16 111:1	receiver 41:8
167:3,5,6,13	158:20 159:2,4	reading 48:14	41:10 45:3,5
172:1,4,13,14	160:2,13,14	67:17	46:4,6 67:5
173:3,4 183:13	161:2,6,10,17	ready 35:4,7	120:21 121:1
183:16 185:2,3	162:5,7,18,20	120:7,9,10	121:18 142:21
185:12	163:6,9 164:4	134:4 135:18	143:3 145:7,10
r3 1:6 4:9 5:2,8	164:11 165:15	135:21 136:1,6	145:20 146:4
6:15,21 7:7,10	166:3,14,17,18	137:5,6,17,18	receiving 87:20
9:4,18,21 10:2	167:5,6,19	138:16 139:4,5	recognize 5:6
10:5,8 12:1,2,7	168:8 172:2,4	139:20 140:2	25:1 151:18
12:11,15 13:14	172:6,13 173:2	140:17 184:2,7	recommend
	173:4 179:8,13		14:4 22:17

[recommend - relating]

April 4, 2023

[1	1	1
84:19 119:4	references	65:15,15,18,21	regulations
124:5 142:1	173:8	70:11 72:8	106:11 116:1
175:9	referred 115:6	73:4 78:7 84:2	regulators
recommenda	115:8,21	84:12,14 90:10	20:11
13:21 14:1	148:11	90:11,15 91:19	regulatory 2:3
19:4	referring 124:5	92:15 95:5,15	2:14,15 4:10
recommenda	refers 13:12	98:5 99:1,9,10	6:9 109:18
87:9 137:20	175:8	99:12 100:13	126:4
recommended	regarding	110:8 113:2	reject 38:11
89:3	114:17,17	119:6 121:14	41:2 61:15
recommending	136:12,13	123:8 124:7	72:15
86:15	175:1 181:20	127:1,7 128:13	rejected 16:18
record 49:11	182:18	130:13,14,20	56:21 57:9
98:18 141:12	regardless	131:8,13 145:6	59:20 72:16,20
151:7 173:17	116:8	145:6 147:1	100:3 124:15
189:9 190:5	regards 135:3	151:14 153:11	141:21 145:12
recorded 189:6	region 82:21	153:14 154:7	rejection 8:13
recording	83:1 155:4,9	155:3,9,20	17:12 18:10
112:17 180:10	155:10,11,11	156:5 157:13	38:1,5 43:8,12
189:8 190:4	155:11,13,21	158:2,20,21	43:18 44:1,5
records 5:2	156:8 157:14	159:3,8,11,20	45:18 48:15
33:19 110:15	158:3	160:2,3,15	59:12,13,19
recruiting	regional 5:3,12	161:6 165:21	60:8,9 61:4
120:8	6:5 7:6,11,19	168:7,7,8,9	96:6,6 124:16
red 63:5 157:1	7:19,20 8:5,19	169:11 170:18	124:16 141:19
redact 135:4,5	8:21 10:13,17	171:1,3,5,8,11	143:17 145:1
reduced 189:7	11:18,19 13:8	172:2,9 183:6	147:10 170:20
refer 17:2	13:10,17,18	regionally 51:9	rejections 43:6
120:3	16:9,9 17:1,2,6	regions 144:21	44:6 47:1
reference 21:19	17:20 18:2,4,5	registered 26:5	48:21 141:17
75:12 82:5	18:9 21:6,15	86:18	141:19 145:2
92:2,19 123:15	45:12 49:15	registration	168:15 170:19
177:3,19	50:16 51:10,21	22:11 26:4	related 74:20
179:11	52:11,13,15	27:17,19,20	116:9 145:2
referenced	53:19 54:17,19	86:6 154:17	189:11 190:7
110:17,20	58:1,18 59:9	regular 167:10	relating 64:21
176:8	59:17 62:7	regularly 39:2	65:1,2
	64:16 65:10,14		

[relation - reporting]

April 4, 2023

relation 164:1	repeating	103:7,9,18,19	reporter 4:2
167:18	162:16 163:2	105:1,4 109:12	74:13 100:15
relationship	replace 163:13	109:14 110:4	148:9 185:19
39:4 40:21	report 7:21	110:13 111:7	reporting 1:5
42:1 68:11	25:2,2,16,17	111:20 112:11	4:7 5:11,13 6:7
relative 189:13	25:18,21 28:18	113:8 116:12	8:4,6,7,8 9:21
190:10	30:2 32:6,7,7,8	120:7,11	10:19 11:4
release 132:3,4	32:10,11,13	121:10,11,17	20:8 24:16,17
relevant 7:15	33:3,5 34:2,4	121:17 122:8,9	25:7,7,15,19
7:16 21:7	36:2,3 38:6,8	122:11 138:6,7	26:1,2,6 28:2,8
23:11 107:11	38:11,12 40:16	138:10,13	28:16 29:2,19
176:19	44:11 65:20	139:6 144:8,12	29:21 30:1,13
remedial 158:8	66:6,7,10 67:4	144:13,14,17	30:18 31:5,6,7
163:5	67:4,8,10,10	144:18,18,19	31:10,11,19,21
remember	67:12,14,16,18	144:20 146:10	32:1,17,18
11:10 14:14	67:19 68:2,7	146:18,21	33:1,12 36:1,7
15:2 120:2	68:17,17,19,20	147:2,3,9,12	36:13,18,19,19
121:3,21 129:6	68:20 69:1,3,6	147:13,21,21	37:4,6 65:1
159:15 174:10	69:7,9 70:10	148:7 149:3,4	70:17 72:9
177:12	70:12,15 71:2	150:5 153:16	74:2 75:21
reminder	71:4,7,9,12,14	154:5,6,8,9	77:4 78:11
107:21	71:16,19,21,21	156:1,2,4,7,14	81:1 90:5 93:7
reminds 93:1	71:21 72:2,4	157:10 160:10	99:15 105:9
remote 1:17	72:10,12,17,17	160:16 167:19	106:8,14,20
107:15	72:19,20 73:2	169:17 171:21	111:3 112:11
removed	73:9 75:19	174:6,7 175:8	112:15 113:20
146:12	76:2,6,7,9,10	175:9 176:6	114:5,11
rename 77:10	76:12,20,21	178:6 181:14	115:14,17
repair 163:12	77:1,15,17,18	181:15,19	116:1,5,7
repeat 91:18	77:20,21 78:3	182:13,14,17	117:7,12,20
133:17 138:11	78:4,10,10	reported 1:20	118:5,21
162:7,8 169:20	79:20 80:11,12	6:14,20 36:6	136:21 138:2,4
174:1	81:17 85:7	78:14 81:10,17	138:20 139:3
repeatable	88:2 89:16	82:2 85:6	140:1 168:4
162:18 163:6,9	90:17,18 91:2	109:9 110:18	173:21 174:5,8
163:14 164:8	91:5,11,12	111:13 122:7	175:3 177:9,12
repeated 80:3	93:14 94:9	123:5 176:18	178:6 183:18
101:13	97:12 102:2	181:21	183:19 184:14

[reporting - richard]

April 4, 2023

184:16 186:4	141:5,13,15	115:19 116:5	responses 39:8
186:18	143:18 145:21	116:19 118:13	132:15
reportings	146:3 147:14	121:16,20	responsibility
31:18	153:20 169:6,7	123:12,13,21	21:13 44:12
reports 1:4 4:8	173:6 176:6	125:14 150:18	responsible
4:20 5:8 6:6,14	178:2 181:9	167:7 174:13	76:9
6:20 10:3,14	182:11 183:15	174:17 180:17	rest 118:20
12:4 22:15,21	request 23:4	183:8,8,10,19	resubmission
30:14 31:3,8	26:20 27:1	requirement	108:11
31:14,15 32:5	28:10 35:12,17	58:12 102:5	resubmit
32:15 33:15	84:18 96:13	175:2 183:4	109:13
37:11 38:2,3,9	162:2 170:6,15	requirements	result 56:20
40:19 44:8,10	175:13 187:2	4:19 6:5 10:17	57:8 96:7,9
44:15,18 46:16	requested	13:18,18	112:20 174:11
46:17,18 65:16	120:4	112:12 113:2	resulting 95:3
66:11,17 67:8	requesting	114:11 115:15	95:7
69:17 70:13	26:21 170:13	115:18,19	results 22:2
72:11 77:19	require 5:7	116:6 117:12	105:18
78:4,8,13,14	27:17 116:1,6	117:18 118:1,5	resume 49:6
88:1 90:4 97:9	165:20	119:5 178:6	review 4:19
101:7 105:9,16	required 18:18	requires 26:4	14:1 40:18
106:3,16 107:2	35:20 36:9	174:7	64:9 90:18
107:10 108:13	54:11,15,16	research 1:2	96:13 105:21
108:15,17,19	56:19 57:2,3,6	31:18,20	106:5 115:12
108:21 109:9	57:8,14 58:12	reserve 69:18	116:12 124:11
110:2 112:10	58:13,13,14	resolution 20:9	179:2
112:15 114:12	60:14,15 69:11	resources	reviewed 115:9
115:7,20 116:2	73:8 74:16	107:14 119:13	reviewers 94:8
116:2,14,15,17	75:1 76:5,13	respect 90:13	121:7
116:18,20	79:3,16 83:9	respectively	reviewing
117:2,4 118:4	83:10,21 92:1	90:12 135:20	123:18 125:1
118:8,16,17	100:16,19	136:4	reviews 105:19
119:11 120:19	101:3,6,10	respond 21:12	revision 55:16
121:5,6 123:19	102:1,2,20	130:7 187:7	55:17,21 56:1
124:2,13 125:1	103:6,12,16	response 6:2	56:2,3,3
125:3,5,6,13	104:5,8 105:15	75:11 162:2	rf 102:18
125:14,17,20	106:15 108:12	174:2 175:14	richard 1:20
135:17 140:6	110:12 113:17		189:2,19

[right - safety]

April 4, 2023

			-
right 4:4,5 6:3	157:21 158:14	92:13,13,18	131:3 146:5
8:12 11:17	159:4 162:15	93:1,5,12	149:17 150:12
15:9 19:7,12	165:19 169:10	95:11,12,16	150:13 168:15
19:14 20:16	169:18 170:17	102:5,11,21	169:1,14,16
23:13 24:19	171:15,15	103:16 121:15	170:20,21
25:3 29:4,11	173:16,18,18	121:21 123:11	171:2,5,6
32:4 33:4,7	175:11 178:14	127:6 147:20	172:7,8
34:5,5 35:3	180:16 186:21	149:16 152:6	run 30:3 40:6
36:10,20 37:21	role 80:6 82:18	154:19 157:12	running 30:4
38:7 41:3	122:13,14	159:20 160:8,8	30:16,17
42:14 48:17,17	131:17 177:15	161:3 165:1	129:20
48:21,21 49:1	roll 172:20	166:21 167:12	S
49:9,12 53:6,6	root 154:15	167:14 168:9	s 2:1 3:1 4:1
56:4 58:6,15	round 133:6	rules 8:14 17:6	54:19,19 116:1
62:12,13 63:15	route 91:7	17:12 18:9,10	118:13 133:15
65:19 67:9	109:17 134:2	18:10,11,15,21	sae 118:13
68:16 70:21	145:8,13,15,17	19:1 20:5,10	120:5,7 178:4
71:17,17 72:2	routed 42:4	44:17,20,21	178:6
72:21 73:8	108:4	45:1,8 46:14	saes 109:1
80:2,4,15 84:1	routing 24:19	51:1,21 52:12	116:7
84:4 86:18	36:13 42:3,5	54:9,12,14,18	safety 2:10,11
87:13,19,20	43:14 48:17	56:17,18 58:17	2:11 4:8,20 5:8
90:20 91:6,16	108:3,11	59:16,18 61:11	5:11,13 6:6,14
93:6,15 94:12	120:16 122:2,4	64:1 66:3	6:20 7:1,1,2
95:10 96:1	131:20 169:9	69:20 70:3,4,6	8:4,6,7,8 10:2
97:20 98:19	row 41:19 63:5	70:7 71:16	10:14,19,20
99:3 100:11	rows 41:18,19	73:19 74:1	14:16 24:16,17
102:13,14	108:16	76:18 78:20	25:6,7,15,19
126:12 129:13	rq 34:13	80:4,6,7 87:6,8	26:1,2,6 28:8
130:12 132:19	rss 2:4	88:17,17 94:17	29:2,19,20
134:18 136:5	rule 30:18 45:6	94:20,21 95:3	30:1,13,16,17
138:11 141:7	45:6 48:3 54:8	95:21 96:3,3,6	31:5,6,7,10,11
142:16,18	58:15,18,20	96:7,8,14 97:9	31:18,19 32:5
143:3,5,13	59:20 60:3,10	97:16,17,19	32:17,18,21
144:3,15	61:2 66:6,9,15	100:6 102:13	33:12 36:12,17
149:17 151:8	67:5 72:6,12	110:10,20	36:18,19 37:10
153:12 155:14	78:2 79:8	112:20 120:14	65:1,20 66:6,7
156:2,12,21	80:13 89:17	121:3,9 131:1	, , -

[safety - see]

April 4, 2023

Page 40

	1	1	
66:9 74:2	178:2 181:9	153:5 154:10	secondly 125:7
77:17,18 78:7	183:15,19	160:8 179:10	176:21
78:10,12 90:4	184:14,15	184:17	section 23:11
95:9 97:9,12	186:17	sbi 134:15	41:5 64:7
99:14 101:7	sambrano	scale 94:6	65:17,19 66:5
105:1,4,9,16	190:2,15	scenario 64:20	76:3 78:15
106:3,8,14,16	sample 124:8	64:21 65:1,2,3	80:10 94:19
106:19 107:2	satisfied 58:15	110:3,14 111:2	101:13
107:10 108:13	satisfies 77:8	111:15 112:6	sections 7:14
108:15,16	save 141:5	scenarios 48:11	100:1
109:9,16 110:2	saves 70:12	64:13,18,18	security 67:11
110:4,13 111:7	saving 109:18	65:6 105:11	67:13
112:11,15	savings 109:5	110:1	see 4:14 13:9
113:20 114:3,4	saw 27:8 57:10	scheduled 23:9	17:15 18:17
114:5,10,12,17	95:14 96:4	science 2:4	19:1 21:17,20
114:21 115:4,7	132:17 168:13	4:10 6:9	23:1 24:6
115:9,11,12,14	168:14,15,16	scored 104:18	28:15,15 33:10
115:17,20	170:19	scratch 32:14	38:17,21 40:3
116:2,5,12,13	saying 16:4	screen 28:15	41:4 49:10,13
116:15,17,18	29:16 34:4	127:13 128:2,5	51:13,14 53:4
116:20 117:4,7	37:8 70:18	129:2	53:4,10,18
117:12,20	80:16 103:8	screens 32:20	54:6,10 55:11
118:4,8,9,16	136:19 142:1	180:5	58:4 59:11
118:17,21	145:11,12,14	scripted 14:16	60:11 61:2,11
119:11 120:11	147:20 151:17	14:17,18 15:1	61:19,20 62:10
120:19 121:6	182:12	scroll 53:21,21	62:15 63:3,18
123:19 124:1	says 9:19 17:18	61:11 63:2	67:12 73:16
124:13 125:1,2	17:19 39:10,12	search 87:18	75:14 85:15
125:5,13,14,16	39:17 40:3,4	91:1	89:16 90:3
125:17,20	42:20 43:4,4,7	second 4:17	92:12 93:9
126:1,3 129:16	43:8,10,11,15	15:7,14,17,19	95:17 96:5
135:17 136:21	43:21 44:3	51:18 52:19,19	99:7 105:14
138:2,4,5,7,20	54:19 55:13	63:20 95:6	106:17 107:13
139:3,5,21	60:13,14 61:3	106:19 110:14	108:14 112:18
140:5 141:9,10	72:7 75:15,17	133:6 174:9	128:2,21 129:2
141:13,15	90:4 93:11	175:7 176:4,14	134:18 145:3
169:17 173:6	96:5 145:4	177:14 179:7	151:20 153:16
173:20 175:2	146:12 148:21		155:1 156:3

[see - simms]

April 4, 2023

159:12 164:2	76:6,10,11	session 126:9	133:7 146:16
167:17 168:12	84:17 90:1	set 10:14 17:18	showed 69:21
168:12 173:16	128:12 138:10	19:7 21:14,14	70:2 94:18
183:1	141:8 144:3,7	37:20 44:7,21	133:8 154:5
seen 31:7,8	144:15	45:19 46:19,21	169:3
99:18 145:21	sense 67:9	51:2,2 64:2	showing 41:21
173:9	125:15	71:17 90:16	154:15
segments 84:13	sent 24:7,8,11	92:9,10 96:18	shown 75:13
84:15	42:10 116:20	103:6 131:18	108:7 128:14
select 122:14	136:13 142:10	131:19,20,21	145:19 146:9
178:8	145:8,10,13,17	134:6 151:13	165:21
send 15:19	separate 32:3	153:7 155:8	shows 108:16
20:11 24:5,9	36:21 37:6,13	158:9,11	140:7 145:16
25:12 26:8	68:9 134:21	159:19 161:4,9	153:19,21
29:5,16,17,18	135:1,4 143:21	161:17,19,20	159:20
47:20,20,21	162:5 163:4	162:17,19	side 11:13 36:9
66:7 76:9	168:20,21	163:8,10	40:20 48:16
84:15 89:17	separated	165:17 167:7	55:12 71:18
134:4 140:11	37:18 116:14	171:9,13 183:7	sides 44:19
141:8 142:7,10	152:13	seven 28:6	sign 66:13
143:4,17,19	separately 32:4	64:18 68:21	signal 126:1
144:2,5,15	32:21 37:16	69:1 71:19	signature
145:11,15	109:9	72:2,10 160:12	189:18 190:14
151:21 162:10	separation	several 111:3	signed 122:21
162:11,13,14	37:12	131:12	significance
163:2,11,14,15	sequence	share 107:16	152:20
166:10,11,15	151:15	158:16	similar 64:11
179:8 184:18	sequester	shared 53:1,2,7	81:6 82:9,10
184:19,20	125:5	63:18 186:11	82:20 83:10,16
sender 66:9	serious 81:19	she'll 6:19	83:17,21
76:4,6,8,14	115:20 116:7	shop 15:13	100:21 149:20
142:13,13,14	122:19 123:5	short 5:18	167:2,3,4,6,10
142:14,15,17	seriousness	34:13 173:12	167:14 175:2,6
142:19 146:2	101:1,9 172:19	shorter 184:4	similarly 40:9
146:13 185:19	service 2:7 21:3	show 28:12	55:8 60:21
sender's 186:1	services 21:4	39:2 50:12	146:7
sending 16:4	64:21	55:8 73:1	simms 2:14
61:21 62:1		127:12 128:10	

[simple - spreadsheet]

April 4, 2023

	1		1
simple 110:3	96:19 98:7	158:5	133:14
simply 147:14	105:11 109:20	speaker 6:18	specifics 127:3
single 142:2,12	112:14 159:13	speakers 5:16	specified 72:6
142:16 158:7	180:8,9,13	6:4,12 8:7,7	86:14 106:16
site 4:13 48:10	small 8:15 14:8	188:1	specify 120:18
situation 29:14	47:16 179:17	specialized	specifying 72:7
30:8,15 31:1	smaller 142:6	93:16 94:16	specs 21:19
122:18	186:13	155:4,9,20	135:6
situations 77:9	snapshot 107:8	157:13 158:3	speed 187:14
six 5:17 89:10	solution 23:19	182:18	spend 105:8
89:13	solutions 20:13	specific 8:5	spent 49:18
size 16:1,2	somebody 53:9	13:18 33:15	spl 22:19 23:7
47:15	82:20 98:14	34:8 54:5 57:3	88:3,11 182:5
sizes 47:16	soon 11:5 12:7	59:3 78:18	184:18,19,20
skills 189:10	20:13 25:10	99:14 100:12	sponsor 24:3,3
190:6	33:20 42:5	104:21 120:16	32:3 37:19
slide 4:16 9:7	52:2,3,9,16	125:4 133:1	39:9 41:1
9:19 23:13	128:20 132:18	145:1 149:17	42:17 44:12
27:12 28:12	142:7	151:10 156:7	52:14 105:17
34:5 38:19	sooner 15:21	170:19 171:1,2	106:3 111:15
41:7 46:19	16:6 47:18	171:6 172:3	140:8 179:17
73:2 104:2	48:1 139:16	175:3,5	sponsors 11:12
107:13,19,20	142:8	specifically 6:6	12:20 16:20
110:11 111:1	sorry 17:16	49:18 62:11	23:4 24:7,12
112:16 113:14	53:4 74:17	83:7,7 88:18	25:3 26:19
114:19 115:2	145:10 160:20	145:4 153:11	27:10,11 29:14
115:14 116:11	168:7	175:16 184:11	31:8,11 44:14
116:15 119:17	sort 105:12	specification	67:18 84:6
125:2 132:18	source 17:15	10:12 13:10	85:15 105:15
146:17 149:21	17:16 53:15,15	18:21 23:11	106:15 109:4,5
151:11 153:15	53:15,16,16	50:18 52:16	115:19 117:16
154:13 155:15	57:20,21 62:15	64:15 67:1	117:21 135:18
173:7	85:7 112:18	72:8 94:19	136:5 140:20
slides 16:17	122:7 128:10	107:18 119:9	174:5
17:4 39:3	150:1 166:17	124:6 130:14	spot 19:21
46:18 63:17,17	sources 98:3	176:9 179:10	spreadsheet
63:18,18 64:2	space 110:2	specifications	17:7,8,10 18:6
64:4,10 75:4	125:3 157:15	119:17 130:13	18:7 21:20

[spreadsheet - submission]

April 4, 2023

Page 43

	1	1	1
50:10,11,12,12	stands 67:4	stick 29:13	146:13 147:18
50:14 53:7,8	80:14 155:2	31:3	147:21 148:1,7
53:11,12,13	164:12	stn 154:18	150:5 154:14
55:8,11,13,17	staring 132:4	stop 84:17	161:11,13
59:4 63:11,12	start 7:14	186:10	174:6 175:19
64:2,3,4,8,9	21:18 46:21	stored 42:14	176:4,6,14,17
69:21 70:1,4	49:7,8 84:8,10	127:16	176:18 177:1,2
94:18 95:20	84:19,21 99:16	straight 97:13	177:5,10 178:3
96:4,5 99:6,6,7	101:13 107:6	straightforwa	178:4,4,7,8
99:8,9 130:19	124:12 132:1	161:14 164:20	study's 154:16
145:5 168:11	134:12 135:21	164:21 165:2,3	sub 155:4,9,21
178:20 183:5	136:2 137:6	165:4 170:14	157:14 158:3
sr 145:21	173:14,19	strictly 41:17	186:18
srp 32:5 33:8	184:7 187:12	string 152:13	subject 122:5
33:17,19 34:6	started 9:12	structure 34:16	122:19,21
34:6,12,16	20:7 132:3,8	34:21 85:9,16	131:8,11
35:5,11,13,17	starting 67:9	128:12	136:14 176:7
35:19,20,21	78:4	structured	176:16 177:5,9
36:1 137:9,11	starts 18:1	22:13,16,17	178:2,3
138:15 139:7	53:18 60:8,9	23:2 85:12	subject's
168:1 179:20	73:17 139:17	86:1 106:6	176:11,12
179:21 180:2,4	152:11,21	180:6	submission 1:4
184:5,8	state 76:5	studied 112:9	5:2 7:8,13 11:5
staff 2:4,15 6:9	104:13 189:20	studies 4:20	12:4,12 15:20
stakeholders	stated 119:5	8:8 108:20	17:9 23:14,15
107:17	statement	114:13 115:5,6	24:14 27:12,16
standard 11:20	74:13	115:7,9,15	31:13 33:19,20
11:21 12:13	states 63:5 79:7	116:5 117:11	36:11,12 39:8
18:16 21:11	85:9 87:12,13	119:2,12 120:8	39:9 40:14,15
27:3 43:15	87:16	120:13 122:19	41:1 49:17
58:7 60:14,15	status 11:21,21	study 71:21	50:20 51:17
66:8 83:3	124:14	88:20 92:11,18	62:18 72:15
136:19 152:6	stays 76:18	113:3,4,5,6,8	94:17,20,21
153:2 171:20	step 119:15	113:12,20	95:3 99:2
standards 1:7	133:19 141:5,5	114:5,10 116:3	106:18 107:4,5
4:9 6:15,21	steps 88:6,9	116:8 121:11	107:7,10 108:9
12:1 105:10	133:20	121:17 122:20	113:7 117:6,10
106:9		123:1,2 124:1	117:18,19,21

[submission - suranjan]

April 4, 2023

Page 44

118:2,19 119:3	33:4,11,20	32:6,15 38:2,4	subsequent
119:16,21	34:3,4 35:13	39:5 48:16	96:15
120:14,18	36:12 37:21	66:10 85:16,21	substance
121:9,13 124:4	38:11 39:8,20	101:8 108:17	22:10,12 86:4
124:14,16,17	40:15 43:9,19	109:2 111:7	86:5,6,7,14,14
124:21 125:12	44:3 47:8,9,15	116:17,19	86:17,19 87:4
125:16 127:9	48:10 67:17	117:5 118:8	112:1,3 122:10
127:12 128:7	72:17 77:15	141:12 182:6	122:11 175:20
129:9,10	79:19 89:10,13	submitter	177:14 178:11
134:17,19	90:3 91:14	95:14 96:15	successful
135:14,17	97:3 98:14	159:4 176:6	124:4
136:7,9,11	101:6 102:19	178:8 181:10	successfully
137:9,10,21	103:15 105:15	submitters	25:16 124:1
138:3,15 140:4	105:17 106:3	25:8 27:14	suggestions
140:10 141:3	106:16 108:15	28:13 29:7	87:8 137:19
159:14 168:5	109:6,8 110:1	50:19 175:19	summarize 9:5
168:20,21	111:6,9 112:2	184:10	summarizing
169:5,8 170:17	112:10,12	submitting	167:11
173:1 175:10	113:4,13,17	4:19 20:14	summary
178:1 183:19	115:19 120:10	22:18 24:2	77:16 79:9
184:1,6 186:10	124:1 127:19	28:1 33:2	167:16
186:15,16,18	129:5 134:10	41:14 42:17	summer 133:5
submissions	135:19 137:3	44:4,15 46:4	supply 85:3
10:6 27:14	138:9 139:4,5	51:8 66:13	support 11:21
35:6 96:15	139:9,21 140:8	75:10 91:6	112:9 115:11
116:12 119:11	140:17,20	108:2 109:7,16	119:12 124:8
119:18 124:15	141:1 143:14	110:4,12,15	125:12 157:2
129:12 136:12	144:11 150:20	118:17 119:18	supporter
172:5 187:13	166:5 174:6	120:7 124:13	11:21
submit 5:19	179:10,11,19	125:19 134:12	supporting
14:15 15:1,4	179:20 180:5,6	135:7,21 136:2	125:21
22:19 23:6	184:4,5 187:2	136:8 137:6	supports 12:1
24:3 25:9,10	187:4	138:14 139:11	sur 14:15
25:21 26:6	submits 95:14	141:15 143:6	suranjan 1:12
27:2,4,15 28:8	submitted 5:8	159:1 166:18	2:3 3:3 4:9 6:4
28:14 29:8,12	13:13 14:17,18	173:15 183:14	105:6 107:20
30:1,5,13 31:3	18:18 23:3,8	184:8,12,13	126:7,11
31:15 32:4,13	25:16,18 32:6		175:17 178:15

[sure - technical]

April 4, 2023

sure 10:12,17	116:21 119:16	44:15 47:17	187:15
15:3 19:10	120:9 125:9	49:4 70:5 74:5	talked 41:7
22:21 23:5	126:3 131:15	74:20 84:14	49:14,15,20
28:3 33:16	132:2,7 153:3	88:5 98:16	51:3,19 61:9
34:2,20 37:18	153:21 154:10	102:20 124:10	63:19 64:6
39:3,15 45:15	systems 125:12	133:20 141:6	67:6 68:8,10
45:18 46:1,2	131:16	149:21 151:2	69:13 93:2
46:14 47:3	t	157:17 159:4	98:21 99:2,11
48:9,20 62:12	t 3:1,1	160:6 173:12	99:19 101:17
67:20 68:6,14	tab 52:20,21,21	taken 21:21	145:8 146:18
71:17 87:17,19	55:10,12,12,16	64:3 73:18	147:13 148:19
88:10,11 91:5	55:21 56:2,9	74:17 79:4,17	149:10,11,20
93:12 107:19	56:10,11 57:19	94:14 95:12	150:13 163:7
120:15,20	59:11,12,13,14	102:9 154:16	167:18 168:6,7
121:12 126:19	59:14,16 60:10	165:4 189:3,12	168:18 169:8
132:10 133:19	62:4,9,19,20	190:9	169:13,19
138:19 169:4	62:20 63:1,1	takes 28:6	171:2,5 172:9
170:8 171:20	163:8 168:14	51:15 63:2	talking 5:1 6:5
172:6,8,17	168:14	102:16,17	6:7,13,19 7:6,7
182:3	table 41:4,10	139:15,15	7:10 8:13,18
surveillance	41:11,11,12,12	156:19	8:21 12:14
2:4,11 4:11 6:9	41:13 42:16	talk 4:18 5:4	13:15 37:5
7:2 114:3	49:18,19 99:18	6:1 7:13,18,21	41:5 83:15,16
115:12	100:4 108:1,8	8:3,9,14 11:17	83:17 98:5
susar 116:1	108:14 120:15	12:13 13:3	100:5 101:19
suspect 28:18	120:18 123:14	20:4 23:14	105:8 110:3
80:14,17 81:11	143:12,13,13	41:9 49:17	126:17 138:1
81:16 102:4	159:19 169:3,4	50:8 51:2 55:8	150:7,8 151:9
111:17 122:15	169:4	64:8,10 77:18	159:10 169:18
177:16	tables 64:9	90:14 94:18,20	talks 18:17
suspected	159:12	96:19 97:14	51:5
115:21	tabs 62:5 96:5	99:4,13 101:9	team 94:8
sworn 189:5	99:8 168:12,13	105:3 109:21	technical 10:12
sync 180:17	tag 164:6	111:2 113:20	13:6,10 21:19
syringe 94:4	tagging 113:6	126:16 148:20	23:11 50:18
system 1:5 14:4	take 7:9 30:19	149:17 151:11	51:8 52:15
22:11 86:6	33:4,18 43:13	151:12 155:1	64:14 67:1
94:4 106:1		167:17 180:14	94:19 107:17

[technical - time]

April 4, 2023

	1	1	1
119:8 124:5	48:15,16 82:4	178:14 187:9	132:2 133:18
135:6 176:8	92:2,19 123:15	187:20,21	147:6,19 149:1
179:9	126:18 127:2	188:2,5	151:19 160:17
technologies	127:15 128:10	theirs 37:6	162:7 165:9
85:11	130:6 133:2,8	theme 46:21	third 6:18
technology	133:9,11,18	theming	63:21 68:13
51:10 77:5	134:7,10,13	100:16	111:2 156:21
telecom 75:11	136:12 170:3,7	therapeutic	177:17
75:13,14	170:8,10,13,15	37:2	thought 10:7
telecommuni	177:2,18	therapy 176:13	threatening
152:5,8	178:10,12	176:15	101:1
tell 18:10,14	testifying 189:5	thing 9:3 14:14	three 9:12
53:14 54:2	testing 12:11	19:16 26:10	23:19 41:19
55:15,17 57:15	12:16,18 13:1	29:1 30:21	43:16 47:21
64:19 127:17	26:12 27:6,7	48:19 56:18	67:13 70:21
154:11	48:6,7,9,10,10	60:13 74:12	78:16 83:19
telling 93:6	48:12 50:1,3,5	84:16 93:1	104:9 108:16
tells 40:7,8	65:6 107:18	120:2 130:2,11	108:16,20
41:12 54:21	108:21 132:2,5	133:9 148:20	142:10 152:7
55:4 58:8	132:7,12,16,19	155:17 161:13	157:4 174:20
156:15 160:4	132:20 133:1,2	166:11 172:12	177:11 180:12
temporary	133:4,7,15	180:7	time 5:21 6:1
127:17 129:8	134:1,2 136:13	things 8:10	10:3 11:13
tentative 107:3	136:15,16	14:14 19:11,12	13:9 25:21
termid 86:14	170:2,3,5,6	19:18 20:10	27:5 28:10
86:15,20,21	172:6 186:4,6	39:7 42:12	31:15 34:14
90:20	tests 22:2 49:21	49:20 60:12,13	35:6,7 47:17
terminologies	text 45:14	72:15 84:6	49:3,19 52:9
13:12 20:17,17	91:13,14 103:2	89:15,20	55:15 56:6
21:1,2,8,9,12	103:5,13 165:7	130:13 138:19	61:17 88:9
21:14 50:21	165:9,10	141:20 160:4	95:13 98:9
terminology	thank 49:9	169:15 172:15	104:10 109:4
21:16	53:3 98:17	think 12:20	109:18 129:8
terms 184:18	105:6 113:21	16:11 27:8	129:13 130:2,7
test 12:15,21	126:7,11,12	28:11 47:9	133:5 138:14
12:21 26:15	151:5 173:16	48:7 49:2 64:5	139:8,9 144:6
27:3,9,11	174:3 175:11	91:13 98:8,11	147:17 167:20
44:17 48:11,13	175:17 178:13	130:18 131:18	168:2 185:3,9

[time - type]

April 4, 2023

186:16,19,19	top 41:19 52:17	117:7,19	tst 48:8,8
timeline 136:17	60:11 108:16	118:19 119:7	tuesday 1:13
136:18 184:4	134:20	142:5	4:2
timelines 10:9	topic 23:16	transmitting	turn 115:11
10:17 11:1	158:19	50:19	two 5:18 6:12
times 13:15	topics 98:11	tree 152:3,6,11	8:17 11:12
23:1 33:10	151:9	trend 85:19	15:10 21:7
67:7 85:15	totally 182:10	triage 39:7	37:9,11,13
95:17 133:4,12	towards 9:11	trial 112:7,8	39:18 41:6
168:20	44:20	113:5,10 148:2	49:21 60:5
timing 98:12	track 32:14	trials 105:15	67:8,10,10,13
tings 162:5	68:5	tried 109:5	80:8 84:13,15
titled 122:6	tracking 32:16	true 57:7 69:6	90:12,15,16
123:9	105:21 106:6	70:14,17 71:20	95:18 104:11
today 4:19 9:3	116:21	72:12 73:7,15	106:17 112:6
9:6 10:19 11:6	trade 86:10,11	74:7 78:3	112:10 117:17
24:15 36:8	182:2,4	80:12 83:20	118:16 131:1
97:2 107:16	trader 48:11	101:4,21 102:4	135:4 137:2,7
114:8 120:15	traditional	102:12,21	137:8 139:3
124:2 134:16	26:17,18,20	103:8,18	140:15,16,18
140:8 167:17	27:2	113:16 146:14	141:11 144:9
167:18 169:16	trainer 26:12	146:20 147:7	146:5 147:11
171:3,5 173:6	transcriber	149:2,2 150:9	151:6,9 161:8
180:9 183:5,15	190:1	158:1 161:8,17	184:3,5 185:6
today's 5:6 6:3	transcript	161:19 174:12	185:7
7:5	190:3,5	174:17 182:3	txt 64:19
together 47:8	transcriptionist	189:9 190:5	104:20
143:1,3	189:8	truly 73:11	type 28:15
tomorrow	transferred	truncated	40:14 44:6
33:13 158:10	179:4	185:15,18	54:1,2,3 56:15
took 153:17	transferring	try 30:3 41:11	67:4,4,8 68:17
tool 10:18	166:3	43:13 47:3,15	68:17 69:10
26:13,14 131:7	transition	50:9,11,12	71:21,21 72:13
131:8,11 132:4	124:8 126:1	52:18 85:19	73:3 74:15,21
132:4,17	transmission	93:9 184:19	75:13,14,20
tools 10:19	23:21 24:1	trying 43:19	78:2 87:8 89:2
27:9 105:20,20	27:15 41:6	135:15 137:13	93:20 94:3,5,6
106:5 131:6,9	51:7 99:16	137:15 187:14	94:9 100:17,20

[type - used]

April 4, 2023

	1	1	
102:2 110:9	un 153:8	79:11,13,18	81:7,21 84:11
113:8,12 121:9	under 9:7	166:4,10,12	84:12 85:13,19
121:15,16	33:13,13 54:6	174:19 177:19	86:1,7,9,15
123:11 146:10	54:10 59:19	update 10:10	87:1 90:9,21
147:2,3,21	60:1 61:12	10:12 19:9	91:2,5,10,12
148:1 153:15	80:10 90:6	32:12 34:10	92:20 97:10
153:18,18,19	91:17 100:14	75:4	104:14,15,16
153:20 154:1,2	106:15 111:9	updated 16:8	105:19 106:4,8
154:3,5,5,8,9	111:19 112:12	87:6 130:20	106:8 111:17
154:20,20	115:6,8,16,16	131:14 134:18	119:2 120:17
156:1,2,4,7,14	115:17,18,18	updates 34:14	125:4 129:8
160:16 161:13	116:3,4,6	52:2 128:8	138:2,7 139:3
162:3 163:2,14	117:13 118:5	130:17,18	142:17 149:7
164:1,3,6,12	118:13 178:19	updating 59:4	152:19 154:3
171:17	understand	upload 26:3	157:12 158:7
types 7:21	5:11 15:4	28:21 29:1,4	161:9 164:1
20:10,10 43:16	37:15 39:4	33:8,16 127:14	165:11 166:4,6
79:6 80:1	119:5 123:18	180:1	166:18 169:21
108:15,16	143:16 186:12	uploaded 29:7	170:1 172:15
164:15	understanding	uploading	173:1 174:20
typewriting	14:5,7,8	127:16	175:20 179:6
189:7	unexpected	ups 144:2,9	181:18 182:1
typically 12:18	115:21	166:5	183:13,17
26:13 27:18	unfortunately	url 127:11,11	184:5 185:20
84:5 92:7	11:6	usage 104:17	186:8,14,17
108:18 128:3	union 152:8,18	165:2	used 13:1 20:2
typo 45:17	unions 152:5	use 19:13 20:19	21:5,8,15 22:9
u	unique 22:12	21:1 22:1,4,7	22:14 27:10
u.s 2:5,7,9	58:3 66:10	22:13,20 24:16	31:17,19 41:14
	0 < 1 < 07 < 07 < 07 < 07 < 07 < 07 < 07	25.626.12	10.0 50.01
u.s. 2:13.16	86:16 87:6	25:6 26:12	48:9 50:21
u.s. 2:13,16 153:1 155:18	111:6 123:17	30:7,12,18	57:1,3,10,17
153:1 155:18	111:6 123:17 united 79:7	30:7,12,18 31:2,6,10 35:9	57:1,3,10,17 58:16 62:13,17
153:1 155:18 157:11	111:6 123:17 united 79:7 85:9 87:12,12	30:7,12,18 31:2,6,10 35:9 35:12,17 39:13	57:1,3,10,17 58:16 62:13,17 65:6 69:7,16
153:1 155:18 157:11 ucum 22:3,5	111:6 123:17 united 79:7 85:9 87:12,12 87:16	30:7,12,18 31:2,6,10 35:9 35:12,17 39:13 45:12 50:1	57:1,3,10,17 58:16 62:13,17 65:6 69:7,16 70:19 77:14
153:1 155:18 157:11 ucum 22:3,5 ue 19:20	111:6 123:17 united 79:7 85:9 87:12,12 87:16 universal	30:7,12,18 31:2,6,10 35:9 35:12,17 39:13 45:12 50:1 57:15 66:9,11	57:1,3,10,17 58:16 62:13,17 65:6 69:7,16 70:19 77:14 79:6 82:6,9
153:1 155:18 157:11 ucum 22:3,5 ue 19:20 uid 154:19	111:6 123:17 united 79:7 85:9 87:12,12 87:16 universal 105:21	30:7,12,18 31:2,6,10 35:9 35:12,17 39:13 45:12 50:1 57:15 66:9,11 69:7 71:5	57:1,3,10,17 58:16 62:13,17 65:6 69:7,16 70:19 77:14 79:6 82:6,9 84:12 88:19
153:1 155:18 157:11 ucum 22:3,5 ue 19:20	111:6 123:17 united 79:7 85:9 87:12,12 87:16 universal	30:7,12,18 31:2,6,10 35:9 35:12,17 39:13 45:12 50:1 57:15 66:9,11	57:1,3,10,17 58:16 62:13,17 65:6 69:7,16 70:19 77:14 79:6 82:6,9

[used - variations]

April 4, 2023

	1		
94:15 100:18	V	39:16 42:2,14	166:18,21
102:11 108:2	vaccine 5:1,1	57:4,13,14	167:2,6,7,10
113:6 122:7,9	20:8 31:21	59:9 60:16,17	174:12,14,17
123:7 127:8,9	32:1 37:4	60:19 66:16	174:19 179:2,3
130:1 131:9,10	vaers 180:20	67:10 69:4,7	179:6
131:12 154:4	valid 122:1	69:16,16 70:18	values 36:14,15
155:6 158:13	127:19 129:4	70:20 71:3,11	38:17,18,21
160:10 163:20	133:20 170:8	71:15 72:1,17	40:1 41:14
163:21 165:6,8	186:4,6	74:18 75:2,12	42:15 43:3
171:12,16	validate 85:13	75:14,17 77:21	45:10,10,11,15
useful 151:20	88:6 103:1	78:18 79:10	45:18 46:8,10
user 36:2	126:17 127:7,9	80:13 81:7,10	48:20,21 54:4
165:15,17	127:15 128:4	81:15,18,21	58:9,9 68:1
users 27:1,21	128:16,19,20	82:3,5,11,14	69:4,12,13
35:20,21,21	128:21 129:12	82:15,17,21	74:16,19,20
uses 10:18 55:5	validated 87:17	83:1,2,11,19	75:3 77:16
155:20	88:10 129:17	91:9 92:17	78:17,18 79:3
using 1:5 4:8	validates 85:8	100:18 101:21	79:5 82:16,19
5:2 6:14,21	validating	103:11 104:7	83:5 85:20
12:19 14:17	87:10 129:11	104:19 111:10	90:1 91:9,10
21:2 22:8,11	validation 8:9	113:5,9,16	92:2 94:7,15
31:7 35:21,21	126:15,16	120:21 121:2	101:3 108:1,6
48:13 62:14	127:17 128:2	122:16 123:7	108:7,8 122:14
79:14 84:8,10	129:14 130:9	145:9,16,18	146:8 147:8
84:19,21 85:12	132:19 169:19	146:19,21	150:6 151:21
88:12,12,19	validator	147:5,9 150:4	156:16 157:3,3
93:21 105:9	127:13,14	152:10,12	157:5 160:1,3
111:13 128:11	128:2,9 129:7	154:2 156:14	160:10,17,17
129:7 135:9	129:7,10,12,19	156:17,18,20	162:4,8,17,18
137:11 141:16	129:21 130:1,4	160:18 161:20	163:8 165:7,11
152:4 154:6	130:8,10 133:8	162:6,10,11,17	174:21 178:18
155:5 168:18	133:9,10,17	162:19 163:8,9	178:20,21
176:7,19	134:5 169:20	163:10,11,17	179:4
180:21	169:21 170:7	163:17,19,20	variation
usually 18:5,6	170:16	163:21 164:2,2	115:10
162:4	value 14:3	164:3,5,13,13	variations
utilized 158:17	18:20 19:21	165:8,16 166:6	85:18
		166:7,12,12,14	

[various - work]

April 4, 2023

Page 50

various 114:20	vocabularies	139:21 141:18	28:14 48:11
vehicle 177:3	85:11 168:19	141:21 146:16	138:17 170:6
vendor 10:16	vocabulary	170:5,5 172:20	170:10,17
10:19 11:1	21:3,4	185:5,12	186:14
27:9 132:4,10	volume 31:8	wanted 59:5	webinar
vendors 10:21	137:3	94:20 158:16	187:10,21
26:14,14,18,20	voluntarily	warning 8:13	webpage 7:13
27:9,9 170:4	124:21	16:10,19 18:10	11:6 51:17
verbatim 182:3	voluntary	59:12,13 60:1	107:6,9 127:12
verified 26:19	107:4,6 117:21	60:3,8 61:13	134:18,19
verify 42:14	135:16 136:2	61:15,18 95:12	159:14 168:5
62:11 108:6	137:21 138:15	96:6,8,8,10,14	184:1
veronica 2:6	168:3 185:1	141:19 147:16	website 50:3
3:4 6:13 105:3	W	170:21	107:12 118:1
117:14 147:13	w 60:9	warnings 16:15	124:9
173:21 175:12	waiting 105:4	16:16,18 17:13	week 188:4
188:1	120:5	60:10 95:11	week's 52:9
versa 46:9	walk 139:14	141:18,19	weeks 56:6
version 52:1,3	want 5:16	145:1 147:11	welcome 4:6,12
52:3 55:19,20	12:15 13:21	168:15 170:19	98:19 151:8
56:4,8,10	19:19 21:9	water 44:10	went 18:20
143:16	26:10,13 31:5	way 36:7 38:7	49:16 95:20
versions 30:6	31:9 33:11	40:14 41:1	153:10 169:11
185:6	36:2,15,16	44:8 46:15,20	169:18 170:18
versus 21:11	37:3,3,18 38:9	60:11 94:13	170:21 171:7
44:2 45:7	38:9 44:11	101:17 129:19	172:1,3
111:16 112:4	45:1 48:9,11	130:6 134:18	win 138:21
169:1,1	48:12,15,16,19	137:2 144:16	witness 189:4
viable 133:4	48:20 76:7,10	145:13 155:3,8	wo 89:16
video 180:14	76:17 80:17	155:17 156:11	wonder 69:15
view 55:14	84:8,9 96:11	156:19 157:18	wonderful
viewers 88:7	110:5 113:1,11	159:18 162:9	188:3,4
views 23:9	116:16 127:2	171:10 186:2	word 13:10
violation	128:10 129:9	ways 89:16	89:14
132:17	132:11,13,21	we've 109:5	work 9:13 19:9
vise 46:9	132:11,13,21	135:8 159:10	81:20 114:16
visualization	134:3,7 136:16	web 25:9 26:1	134:8 137:12
105:20 106:5	151.5,7 150.10	26:11 27:4	180:6,16 186:1

[work - zzlp]

April 4, 2023 Page 51

- •	
187:13 working 5:7	140:20 141:7,8 163:15 170:3,8
11:7 20:7,8,12	179:12,13,18
32:8,20 184:5	180:1 184:6,7
works 76:8	184:8
92:14	xmls 16:1 27:3
worry 21:10 write 86:11	29:5 30:19,21
written 152:13	Y
wrote 173:10	y 2:6 3:4 97:18
x	97:20
	yeah 18:5
x 17:13 52:12	81:12 145:10
62:5,6,7,9,10	year 88:1
62:11,14,15,16	135:16 137:2
62:18 97:18,19 151:20 152:1	137:13 139:2,3 184:4,4 187:18
168:14	years 9:11,12
x.6.6.0. 152:6	11:12 137:7
xml 14:2,8,8	140:15,16,18
15:5,16 24:4,4	184:3 185:7
24:8 25:12	yellow 29:12
27:5,13,16	Z
29:2,2 33:8,11	zero 152:7
33:16 38:17	zeros 89:10
39:12,21 40:4	zip 64:16,16
40:6,11 41:1	zoom 4:15
42:4,6,7,7,12	180:11
42:21 43:2,2	zzfda 39:16
48:14 64:13	40:11 43:4,7
80:21 100:7	43:16 44:4
108:4,5 124:8 126:18,21	45:6 46:1,2,7,9
120.18,21	93:3,10 100:9
128:13,17	121:2 145:9,16
129:1,4,13	145:18 146:5,7
133:19,20	zzlp 40:6
134:5,9 139:11	