

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> Food and Drug Administration	1. DISTRICT OFFICE ADDRESS AND PHONE NO.	
TO	2. NAME AND TITLE OF INDIVIDUAL	6. DATE OF REQUEST
	3. FIRM NAME	7. TIME OF REQUEST _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
	4. NUMBER AND STREET	8. EMAIL ADDRESS
	5. CITY, STATE AND ZIP CODE	
<b>Pursuant to Section 805 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 384a), 21 CFR 1.510(b)(1), 21 CFR 1.510(b)(3), 21 CFR 1.512(b)(5)(ii)(A), and/or 21 CFR 1.512(b)(5)(ii)(C) we are hereby requesting that you make all records described below promptly available.</b>		
9. RECORDS NECESSARY  <input type="checkbox"/> The records are to be made available for inspection and copying.  <input type="checkbox"/> The records are to be sent to FDA electronically or through another means that delivers the records promptly.		
10. SIGNATURE ( <i>Food and Drug Administration Employee(s)</i> )	11. TITLE FDA EMPLOYEE	