

DEPARTMENT OF HEALTH AND HUMAN SERVICES 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		
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.			
9. RECORDS NECESSARY <div style="margin-left: 20px;"> <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. </div>			
10. SIGNATURE (<i>Food and Drug Administration Employee(s)</i>)		11. TITLE FDA EMPLOYEE	