

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Center for Veterinary Medicine	Notice of Intent to Slaughter for Human Food Purposes	Form Approved: OMB No. 0910-0450 Expiration Date: 2/28/07
PAPERWORK REDUCTION ACT STATEMENT: A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. The public reporting burden for the collection of information is estimated to vary from 15 minutes to 1 hour, with an average of 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary information, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Food and Drug Administration, Center for Veterinary Medicine, 7500 Standish Place, Rockville, MD 20855.		
Submit this notice electronically to: Food and Drug Administration Center for Veterinary Medicine, HFV- 7500 Standish Place Rockville, Maryland 20855 (E-mail: cvmdcu@fda.gov)	A1. DATE: A2. DOCUMENT ID: A3. STUDY / TRIAL ID: A4. NOTICE NO:	

The sponsor, _____, submits a notice of intent to slaughter animals treated with investigational new animal drugs according to the conditions of authorization, CVM letter dated _____, and, **at least 10 days prior to slaughter**. This information is submitted in electronic form to CVM.

I. Animals Intended For Slaughter:

1. NAME(S) OF THE DRUG(S)
 - 1a. Established Name(s):
 - 1b. Proprietary Name(s):

2. SPECIES OF ANIMALS: _____ PRODUCTION CLASS: _____

3. INVESTIGATOR INFORMATION:

3a. Name:	3b. FEI #:
3c. Address:	
3d. Address 2:	
3e. City:	3f. State/Prov:
3g. Country:	3h. Postal Code:
3i. Phone Number:	

4. NAME AND ADDRESS OF SLAUGHTER FACILITY:

4a. Name:	4b. FEI #:
4c. Address:	
4d. Address 2:	
4e. City:	4f. State/Prov:
4g. Country:	4h. Postal Code:
4i. Phone Number:	

5. NUMBER OF ANIMALS BEING SLAUGHTERED:

Total:	Treated:	Control:
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6. APPROXIMATE DATE OF SLAUGHTER: _____

7. LENGTH OF WITHDRAWAL PERIOD OBSERVED: _____

8. IS THIS ADDITIONAL INFORMATION FOR A NOTICE PREVIOUSLY SUBMITTED TO CVM:

YES	NO	
If Yes,	8a. Date Submitted to CVM:	8b. CVM Submission Identifier:

II. Comments:

If you have additional comments that you would like to include in this submission please press the Insert Comments button below. All comments must be included within a PDF document.

III. Sponsor Information:

- | | |
|----------------------------|------------------|
| 1. Name: | 1a. FEI #: |
| 2a. Address: | |
| 2b. Address 2: | |
| 2c. City: | 2d. State/Prov: |
| 2e. Country: | 2f. Postal Code: |
| 3. Contact Name: | |
| 4. Contact Phone Number: | |
| 5. Contact Fax Number: | |
| 6. Contact E-Mail Address: | |