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 _____ ☐ a.m. ☐ 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

☐ The records are to be made available for inspection and copying.

☐ The records are to be sent to FDA electronically or through another means that delivers the records promptly.

10. SIGNATURE *(Food and Drug Administration Employee(s))*	11. TITLE FDA EMPLOYEE

FORM FDA 482d (2/16)

REQUEST FOR FSVP RECORDS

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