Subject: MDDT PROPOSAL

Submission Type: Q-SUBMISSION: INFORMATIONAL MEETING REQUEST

Office:

Division/Team:

Assistant Director Name (Optional):

MDDT Name: Identify the specific MDDT (by name) that is being submitted

MDDT Type: Select one
  CLINICAL OUTCOME ASSESSMENT TOOL
  BIOMARKER TEST
  NON CLINICAL OUTCOME MEASUREMENT

Context of Use: Describe the intended context of use of the MDDT (1 to 2 sentences)

Submitter: Complete submitter contact information including name(s), affiliation, mailing address, email address and phone number.

Submissions to CDRH should be sent to:
  U.S. Food and Drug Administration
  Center for Devices and Radiological Health
  Document Control Center (DCC) - W066-G609
  10903 New Hampshire Avenue
  Silver Spring, MD 20993-0002

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