



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration
CDER Public Private Partnership (PPP) Liaison Annual Update Form
[Internal Use]

FDA

Reporting Period:

CDER PPP Liaison's Contact Information:

Name:

Title:

Email

Office/Division:

Title of the PPP or Consortium:

PPP or Consortium Website:

Public health need(s) and regulatory science priority(ies) the PPP/Consortium activities aim to address.

Briefly describe activities (e.g., workshop, scientific steering committee, etc.) and outcomes (e.g., reports, publications, drug development tools, standards, methodologies, etc.) completed or developed during the reporting period.

To the best of your knowledge, could your continued participation in the PPP or consortium activities create a conflict of interest (for more information see MAPP 4100.2)?

Yes No

If yes, please explain and describe a mitigating strategy (e.g. recusal from specific activities).

By signing this document, the CDER PPP Liaison acknowledges that they have read and understand the policies set forth in MAPP 4100.2.

CDER PPP Liaison Signature	Date
----------------------------	------

Office Director Approval

Are the activities described above of ongoing value to CDER?

Yes No

If no, explain

Do you approve the CDER employee's continued participation in the activities?

Yes No

If no, explain

Name of Office Director:

Office Director's Signature	Date
-----------------------------	------