Form Approved: OMB No. 0910-0025
Expiration Date: May 31, 2029

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

NOTICE OF AVAILABILITY OF SAMPLE ELECTRONIC PRODUCT

DATE *(mm/dd/yyyy)*

NOTE: This report is authorized by Public Law 90-602 for radiation-emitting products.

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average .09 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

<--Please **DO NOT RETURN** this application to this address.

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."

The _____ agrees to provide, on a loan basis and for a period of three to six months, the model(s) listed below for the purposes of compliance testing to the applicable FDA standard or in the case of medical devices, the applicable voluntary standard(s) specified in the attached letter. It is our understanding that the product(s) will be subjected to nondestructive testing only and that FDA will reimburse us for any costs of damaged parts.

1. MANUFACTURER	2. PRODUCT *(i.e., TV, Microwave Oven, Medical Device, etc.)*

3. BRAND	4. MODEL	5. CHASSIS SERIES

6. DATES OF AVAILABILITY:	FROM:	TO:

7. COMMENTS

8. **PERSON(S) TO CONTACT REGARDING SAMPLE**

LOCATION A		LOCATION B	
Name and Title		Name and Title	
Street Address		Street Address	
City, State, ZIP Code	Area Code / Telephone No.	City, State, ZIP Code	Area Code / Telephone No.

9. **LOCATION(S) TO WHICH SAMPLE(S) SHOULD BE RETURNED**

LOCATION A	LOCATION B

10. **NAME(S) OF PERSON(S) AUTHORIZING LOAN**

LOCATION A	LOCATION B
Name and Title	Name and Title

RETURN TO:	Email this form to RadHealthCustomerService@fda.hhs.gov or mail to:	Food and Drug Administration Center for Devices and Radiological Health 10903 New Hampshire Ave., Document Mail Center - WO66-G609 Silver Spring, MD 20993-0002