

## **Sample Cover Letter Accompanying DDT Qualification Submissions**

**Date:**

**Subject:**                    **DDT QUALIFICATION SUBMISSION**

**DDT Type:**                **ANIMAL MODEL -or-  
BIOMARKER -or-  
CLINICAL OUTCOMES ASSESSMENT**

**DDT Tracking Record Number:** (in bold print), if previously assigned

**Submission Type:**    **INITIATION REQUEST -or-  
LETTER OF INTENT -or-  
INITIAL BRIEFING PACKAGE -or-  
CORRESPONDENCE -or-  
BRIEFING DOCUMENT -or-  
FULL QUALIFICATION PACKAGE**

**DDT Name(s):** (in bold print): Identify the specific DDT (by name) that is being submitted

**Context of Use (COU):** Describe the intended use of the DDT (1 to 2 sentences)

**Complete submitter contact information** including name(s), affiliation, mailing address, email address, phone and fax numbers