

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Food and Drug Administration
**APPLICATION TO MARKET A NEW OR ABBREVIATED NEW
 DRUG OR BIOLOGIC FOR HUMAN USE**
(Title 21, Code of Federal Regulations, Parts 314 & 601)

Form Approved: OMB No. 0910-0338
 Expiration Date: December 31, 2013
 See PRA Statement on page 3.

1. Date of Submission (mm/dd/yyyy)

APPLICANT INFORMATION	2. Name of Applicant
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3. Telephone Number (Include country code if applicable and area code)	4. Facsimile (FAX) Number (Include country code if applicable and area code)
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5. Applicant Address		U.S. License Number if previous issued
Address 1 (Street address, P.O. box, company name c/o)		
Address 2 (Apartment, suite, unit, building, floor, etc.)		
City	State/Province/Region	
Country	ZIP or Postal Code	

6. Authorized U.S. Agent Name, Address, Telephone and FAX Number (If applicable)		
U.S. Agent Name	Telephone Number (Include area code)	
Address 1 (Street address, P.O. box, company name c/o)	FAX Number (Include area code)	
Address 2 (Apartment, suite, unit, building, floor, etc.)		
City		State
ZIP or Postal Code		

PRODUCT DESCRIPTION	7. NDA, ANDA, or BLA Application Number	8. Supplement Number (If applicable)
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9. Established Name (e.g., proper name, USP/USAN name)

10. Proprietary Name (Trade Name) (If any)

11. Chemical/Biochemical/Blood Product Name (If any)

12. Dosage Form	13. Strengths	14. Route of Administration
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15. Proposed Indication for Use	Is this indication for a rare disease (prevalence <200,000 in U.S.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Does this product have an FDA Orphan Designation for this indication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide the Orphan Designation number for this indication: <input type="text"/>

**Contin.
Page for
#15**

APPLICATION INFORMATION	16. Application Type (Select one)	<input type="checkbox"/> New Drug Application (NDA)	<input type="checkbox"/> Biologics License Application (BLA)
		<input type="checkbox"/> Abbreviated New Drug Application (ANDA)	

17. If an NDA, identify the type <input type="checkbox"/> 505 (b)(1) <input type="checkbox"/> 505 (b)(2)	18. If a BLA, identify the type <input type="checkbox"/> 351 (a) <input type="checkbox"/> 351 (k)
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19. If a 351(k), identify the biological reference product that is the basis for the submission.
 Name of Biologic: _____ Holder of Licensed Application: _____

20. If an ANDA, or 505(b)(2), identify the listed drug product that is the basis for the submission.
 Name of Drug: _____ Application Number of Relied Upon Product: _____

Indicate Patent Certification: P1 P2 P3 P4 Section viii - MOU Statement of no relevant patents

21. Submission (Select one) Original Labeling Supplement CMC Supplement Efficacy Supplement Annual Report
 Product Correspondence REMS Supplement Post Marketing Requirements or Commitments Periodic Safety Report
 Other (Specify): _____

22. Submission Sub-Type <input type="checkbox"/> Presubmission <input type="checkbox"/> Amendment <input type="checkbox"/> Initial Submission <input type="checkbox"/> Resubmission	23. If a supplement, identify the appropriate category. <input type="checkbox"/> CBE <input type="checkbox"/> Prior Approval (PA) <input type="checkbox"/> CBE-30														
24. Does this submission contain pediatric data? <input type="checkbox"/> Yes <input type="checkbox"/> No															
25. Reasons for Submission															
26. Proposed Marketing Status (Select one) <input type="checkbox"/> Prescription Product (Rx) <input type="checkbox"/> Over-The-Counter Product (OTC)															
27. This application is (Select one) <input type="checkbox"/> Paper <input type="checkbox"/> Paper and Electronic <input type="checkbox"/> Electronic	28. Number of Volumes Submitted <input style="width: 50px;" type="text"/>														
29. Establishment Information (Full establishment information should be provided in the body of the application.) Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, registration number (FEI), MF number, Establishment DUNS number, and manufacturing steps and/or type of testing (e.g., final dosage form, stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Establishment Name</td> </tr> <tr> <td>Address 1 (Street address, P.O. box, company name c/o)</td> <td>Registration (FEI) Number</td> </tr> <tr> <td>Address 2 (Apartment, suite, unit, building, floor, etc.)</td> <td>MF Number</td> </tr> <tr> <td>City</td> <td>State/Province/Region</td> </tr> <tr> <td>Country</td> <td>ZIP or Postal Code</td> </tr> <tr> <td>Manufacturing Steps and/or Type of Testing</td> <td> Is the site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when will site be ready? (mm/dd/yyyy) </td> </tr> <tr> <td colspan="2" style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Continuation Page for #29</div> </td> </tr> </table>		Establishment Name		Address 1 (Street address, P.O. box, company name c/o)	Registration (FEI) Number	Address 2 (Apartment, suite, unit, building, floor, etc.)	MF Number	City	State/Province/Region	Country	ZIP or Postal Code	Manufacturing Steps and/or Type of Testing	Is the site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, when will site be ready? (mm/dd/yyyy)	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Continuation Page for #29</div>	
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30. Cross References (List related BLAs, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, MAFs, and DMFs referenced in the current application.)															
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Contin. Page for #30</div>															
31. This application contains the following items (Select all that apply)															
<input type="checkbox"/> 1. Index <input type="checkbox"/> 2. Labeling (Select one): <input type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling <input type="checkbox"/> 3. Summary (21 CFR 314.50 (c))															
<input type="checkbox"/> 4. Chemistry Section <input type="checkbox"/> A. Chemistry, manufacturing, and controls information (e.g., 21 CFR 314.50(d)(1); 21 CFR 601.2) <input type="checkbox"/> B. Samples (21 CFR 314.50 (e)(1); 21 CFR 601.2 (a)) (Submit only upon FDA's request) <input type="checkbox"/> C. Methods validation package (e.g., 21 CFR 314.50(e)(2)(i); 21 CFR 601.2)															
<input type="checkbox"/> 5. Nonclinical pharmacology and toxicology section (e.g., 21 CFR 314.50(d)(2); 21 CFR 601.2)	<input type="checkbox"/> 6. Human pharmacokinetics and bioavailability section (e.g., 21 CFR 314.50(d)(3); 21 CFR 601.2)														
<input type="checkbox"/> 7. Clinical microbiology section (e.g., 21 CFR 314.50(d)(4))	<input type="checkbox"/> 8. Clinical data section (e.g., 21 CFR 314.50(d)(5); 21 CFR 601.2)														
<input type="checkbox"/> 9. Safety update report (e.g., 21 CFR 314.50(d)(5)(vi)(b); 21 CFR 601.2)	<input type="checkbox"/> 10. Statistical section (e.g., 21 CFR 314.50(d)(6); 21 CFR 601.2)														
<input type="checkbox"/> 11. Case report tabulations (e.g., 21 CFR 314.50(f)(1); 21 CFR 601.2)	<input type="checkbox"/> 12. Case report forms (e.g., 21 CFR 314.50 (f)(2); 21 CFR 601.2)														
<input type="checkbox"/> 13. Patent information on any patent that claims the drug/ biologic (21 U.S.C. 355(b) or (c))	<input type="checkbox"/> 14. A patent certification with respect to any patent that claims the drug/biologic (21 U.S.C. 355 (b)(2) or (j)(2)(A))														
<input type="checkbox"/> 15. Establishment description (21 CFR Part 600, if applicable)	<input type="checkbox"/> 16. Debarment certification (FD&C Act 306 (k)(1))														
<input type="checkbox"/> 17. Field copy certification (21 CFR 314.50 (l)(3))	<input type="checkbox"/> 18. User Fee Cover Sheet (PDUFA Form FDA 3397, GDUFA Form FDA 3794, BsUFA Form FDA 3792, or MDUFA Form FDA 3601)														
<input type="checkbox"/> 19. Financial Disclosure Information (21 CFR Part 54)															
<input type="checkbox"/> 20. Other (Specify): _____															

CERTIFICATION

I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to, the following:

1. Good manufacturing practice regulations in 21 CFR Parts 210, 211 or applicable regulations, Parts 606, and/or 820.
2. Biological establishment standards in 21 CFR Part 600.
3. Labeling regulations in 21 CFR Parts 201, 606, 610, 660, and/or 809.
4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR Part 202.
5. Regulations on making changes in application in FD&C Act section 506A, 21 CFR 314.71, 314.72, 314.97, 314.99, and 601.12.
6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80, and 600.81.
7. Local, state, and Federal environmental impact laws.

If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act, I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate.

Warning: A willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.

32. Typed Name and Title of Responsible Official or Agent signing this form	33. Date (mm/dd/yyyy)
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34. Telephone Number (Include country code if applicable and area code)	35. FAX Number (Include country code if applicable and area code)	36. Email Address
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37. Address	38. Signature of Responsible Official or Agent								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Address 1 (Street address, P.O. box, company name c/o)</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address 2 (Apartment, suite, unit, building, floor, etc.)</td> </tr> <tr> <td style="width: 30%; padding: 5px;">City</td> <td style="padding: 5px;">State/Province/Region</td> </tr> <tr> <td style="padding: 5px;">Country</td> <td style="padding: 5px;">ZIP or Postal Code</td> </tr> </table>	Address 1 (Street address, P.O. box, company name c/o)		Address 2 (Apartment, suite, unit, building, floor, etc.)		City	State/Province/Region	Country	ZIP or Postal Code	<div style="border: 1px solid black; width: 100px; height: 30px; margin-left: auto; margin-right: auto; text-align: center; line-height: 30px;">Sign</div>
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Department of Health and Human Services
 Food and Drug Administration
 Office of Chief Information Officer
 Paperwork Reduction Act (PRA) Staff
 1350 Piccard Drive, Room 400
 Rockville, MD 20850

DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF ADDRESS.