Form Approved: OMB No. 0910-0025 Expiration Date: December 31, 2006

DATE

## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

FOOD AND DRUG ADMINISTRATION

## NOTICE OF AVAILABILITY OF SAMPLE ELECTRONIC PRODUCT

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 .08 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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:

Food and Drug Administration CDRH (HFZ-342) 2094 Gaither Road Rockville, MD 20850			"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."			
		Please DO NOT RETURN	this application to this addres	S.		
the ap	eriod of three to six medicable FDA standarded let in the attached let structive testing and the	d or in the case of m tter. It is our understa	sted below for the p nedical devices, the anding that the prod	urposes of compapplicable volur duct(s) will only	ntary standard(s)	
1. MANUFACTURER			2. PRODUCT (i.e., TV, Microwave Oven, Medical Device, etc.)			
3. BRAND		4. MODEL		5. CHASSIS SERIES		
6. DATES OF AVAILABILITY:		a. Product	a. Product		b. Service Manual	
7. COMMENTS		<u>:</u>		<u>i</u>		
8.	LOCATION A	PERSON(S) TO CONTA	CT REGARDING SAMPLE	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 SAM	_   PLE(S) SHOULD BE RETUR	RNED		
LOCATION A			LOCATION B			
			S) AUTHORIZING LOAN			
LOCATION A  Name and Title			LOCATION B  Name and Title			
RETURN TO:	, ,					