

APPENDIX A RPM CHANGE REQUEST FORM

Directions: To file a request for a change in the RPM, complete applicable portions of this form. Complete a separate form for each section for which a change is requested.

Save completed form as a PDF document and send as an E-mail attachment to ORAHQRPMChange@ora.fda.gov

Questions? Contact OE/Division of Compliance Policy - (301) 827-0420

Originator: District/HQ:

Date: Phone:

RPM Section (Chapter/Section, Exhibit, etc.):

Reason for Change Request (Describe in Detail Below): **Suggested Priority:**

Recommended Solution (If Known, Describe Below):

Attachments?: (Electronic attachments only, please.)
(If attachments are being provided, please describe purpose below)

(For HQ use only)

Change Request No.:

Date:

Assigned To:

Priority:

Recommended Action:

Proposed Text (if applicable):

Concurred: _____
Director, Division of Compliance Policy

Date:

Comments: