

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		1. DISTRICT ADDRESS AND PHONE NO.	
TO	2. NAME AND TITLE OF INDIVIDUAL		3. DATE
	4. FIRM NAME		5. HOURS
	6. NUMBER AND STREET		A.M. P.M.
	7. CITY AND STATE		8. ZIP CODE
<p>Written request is hereby given pursuant to 21 CFR 108.25(c)(3)(ii), 21 CFR 108.35(c)(3)(ii) and 21 CFR 500.23 for the information described below, concerning processes and procedures which is deemed necessary by the Food and Drug Administration to determine the adequacy of the processes for products processed by your firm.</p>			
9. RECORDS NECESSARY			
10. SIGNATURE (<i>Food and Drug Administration Employee(s)</i>)			11. TITLE FDA EMPLOYEE