

CDER Data Standards Manual Vocabulary Change Request Form

Note: This is only to be completed by an FDA Employee

(If you are a Manufacturer, then you will need to submit your request through your NDA/ANDA Project Manager.)

Name/Title/Office of FDA Employee*	<input style="width: 100%; height: 25px;" type="text"/>
Work Phone Number*	<input style="width: 100%; height: 25px;" type="text"/>
Email Address*	<input style="width: 100%; height: 25px;" type="text"/>
CDER DSM Monograph Number*	<input style="width: 100%; height: 25px;" type="text"/>
Date Action Required By	<input style="width: 100%; height: 25px;" type="text"/>

Type of Action Requested*	<input type="checkbox"/> Add a Term	<input type="checkbox"/> Change a Definition	<input type="checkbox"/> Delete a Term
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Summary of
Justification for
the Action*
(also attach any
files as
appropriate)

Advantages of
the Action

Disadvantages
of the Action

* Denotes required field