

**SUMMARY OF REGISTRATION AND LISTING REQUIREMENTS FOR THE  
MANUFACTURE OR DISTRIBUTION OF HUMAN PHARMACEUTICALS**

<b>TYPE OF FIRM</b>	<b>REGISTRATION STATUS</b>	<b>LISTING STATUS</b>	<b>FACTS CODE</b>
Manufacturer [including homeopathic & controlled drugs]	yes	yes	M
Contract Manufacturer	yes	yes	M
Own Label Distributor	no	yes	L
Wholesale Distributor	no	no	W-*
Own Label Repacker	yes	yes	R
Own Label Relabeler [including recirculizer]	yes	yes	Y
Contract Relabeler	yes	no	Y
Contract Testing Laboratory [dosage forms & active ingredient release]	yes	no	C
Contract Testing Lab [doing non-release tests]	no	no	C
Contract Sub-Manufacturer	yes	no	M
IND Manufacturer [Clinical Drugs]	no	no	M
NDA and ANDA Manufacturer	yes	yes	M
Sponsor/Monitors/Clinical Investigator	no	no	4, 5, 6, 7
Contract Sterilizer	yes	no	0
Fulfillment Packager [adding substantive labeling]	yes	no	Y
Mail Order House [adding insubstantial labeling]	no	no	D
Printing House	no	no	None
Medical Gas Transfiller	yes	yes	MG
First Aid/Rescue Squad [transfilling for own use]	no	no	MG
Medical Gas Transfiller [operating out of a van]	yes	yes	MG
Contract Assembler	yes	no	M
Active Drug Substance Manufacturer	yes	yes	M
Excipient Drug Manufacturer	no	no	M
Manufacturer of Research Drugs	no	no	M
Drug Importer	no	no	A
Foreign Drug Manufacturer	yes	yes	M
Methadone Clinic	no	no	T
Retail Pharmacy	no	no	D
Manufacturing Pharmacy	yes	yes	M
Regional Admixture Pharmacy	yes	no	M
Salvage Operation	yes	no	X
Biopharmaceutical Clinical Facility	no	no	2

\*Includes W, WA, WF, WR, and/or WZ