

*Draft — Not for Implementation*

## **Attachment III**

### **Sample Formats — Form FDA 356h**

**for**

**Ammonia N 13 Injection  
Fluorodeoxyglucose F 18 Injection (FDG F 18)  
and  
Sodium Fluoride F 18 Injection**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0338  
Expiration Date: April 30, 2000  
See OMB Statement on page 2.

APPLICATION TO MARKET A NEW DRUG, BIOLOGIC  
OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

FOR FDA USE ONLY

APPLICATION NUMBER

APPLICANT INFORMATION

NAME OF APPLICANT	DATE OF SUBMISSION
TELEPHONE NO. (Include Area Code)	FACSIMILE (FAX) Number (Include Area Code)
APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):	AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code telephone & FAX number) IF APPLICABLE

PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued)		
ESTABLISHED NAME (e.g., Proper name, USP/USAN name) <b>Fludeoxyglucose F 18 Injection</b>	PROPRIETARY NAME (trade name) IF ANY	
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (If any)	CODE NAME (If any)	
DOSAGE FORM: <b>Sterile, Pyrogen Free Injection</b>	STRENGTHS: _____ mCi/mL	ROUTE OF ADMINISTRATION: <b>Intravenous</b>

(PROPOSED) INDICATION(S) FOR USE: 1) In positron emission tomography (PET) imaging for assessment of abnormal glucose metabolism to assist in the evaluation of malignancy in patients with known or suspected abnormalities found by other testing modalities, or in patients with an existing diagnoses of cancer.  
2) In positron emission tomography (PET) imaging in patients with coronary artery disease and left ventricular dysfunction, when used together with myocardial perfusion imaging, for the identification of left ventricular myocardium with residual glucose metabolism and reversible loss of systolic function.  
3) In positron emission tomography (PET) imaging in patients for the identification of regions of abnormal glucose metabolism associated with foci of epileptic seizures.

APPLICATION INFORMATION

APPLICATION TYPE (check one) <input checked="" type="checkbox"/> NEW DRUG APPLICATION (21 CFR 314.50) <input type="checkbox"/> ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 31.94) <input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (21 CFR part 601)
IF AN NDA, IDENTIFY THE APPROPRIATE TYPE <input type="checkbox"/> 505 (b) (1) <input checked="" type="checkbox"/> 505 (b) (2) <input type="checkbox"/> 507
IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION Name of Drug _____ Holder of Approved Application _____
TYPE OF SUBMISSION (check one) <input checked="" type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> AMENDMENT TO A PENDING APPLICATION <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> SUPAC SUPPLEMENT <input type="checkbox"/> EFFICACY SUPPLEMENT <input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT <input type="checkbox"/> OTHER
REASON FOR SUBMISSION <b>Complete new application that has never before been submitted</b>
PROPOSED MARKETING STATUS (check one) <input checked="" type="checkbox"/> PRESCRIPTION PRODUCT (Rx) <input type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)
NUMBER OF VOLUMES SUBMITTED _____ THIS APPLICATION IS <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> ELECTRONIC

ESTABLISHMENT INFORMATION

Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.

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✓	4. Chemistry section	
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	B. Samples (21 CFR 314.50 (e) (1), 21 CFR 601.2 (a)) (Submit only upon FDA's request)	
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✓	17. Field copy certification (21 CFR 314.50(k) (3))	
✓	18. User Fee Cover Sheet (Form FDA 3397)	
✓	19. OTHER (Specify) <b>See Attached Sheets [ * Reference to Federal Register Notice]</b>	
<b>CERTIFICATION</b>		
I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following:		
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If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.		
The data and information in this submission have been review and, to the best of my knowledge are certified to be true and accurate.		
<b>Warning:</b> a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.		
SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT	TYPED NAME AND TITLE	DATE
ADDRESS <i>(Street, City, State, and ZIP Code)</i>		Telephone Number (      )
<p><b>Public reporting burden for this collection of information</b> is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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:</p> <p>DHHS, Reports Clearance Officer Paperwork Reduction Project (0910-0338) Hubert H. Humphrey Building, Room 531-H 200 Independence Avenue, S.W. Washington, DC 20201</p> <p>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.</p>		
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PRODUCT DESCRIPTION

NEW DRUG OR ANTIBIOTIC APPLICATION NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued)		
ESTABLISHED NAME (e.g., Proper name, USP/USAN name) <b>Sodium Fluoride F 18 Injection</b>	PROPRIETARY NAME (trade name) IF ANY	
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (If any)	CODE NAME (If any)	
DOSAGE FORM: <b>Sterile, Pyrogen Free Injection</b>	STRENGTHS: _____ mCi/mL	ROUTE OF ADMINISTRATION: <b>Intravenous</b>

(PROPOSED) INDICATION(S) FOR USE: **In Positron Emission Tomography for bone imaging agent to define areas of altered osteogenic activity**

APPLICATION INFORMATION

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(PROPOSED) INDICATION(S) FOR USE: **For positron emission tomographic (PET) imaging of the myocardium under rest or pharmacologic stress conditions to evaluate myocardial perfusion in patients with suspected or existing coronary artery disease.**

APPLICATION INFORMATION

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