MEM	<b>IORA</b>	ND	UM



## DEPARTMENT OF HEALTH & HUMANSERVICES Public Health Service Food and Drug Administration Center for Drug Evaluation and Research

DATE: September 18, 2001

FROM: Dave Read (HFD-7)

SUBJECT: Docket No. 96P-0157/CP1

TO: Dockets Management Branch (HFA-305)

In the docket indicated above, please file this memo, as well as the attached letter from Jane Axelrad to the petitioner dated August 14, 2001, and postal document indicating receipt of that letter on August 16, 2001.

By the terms of the August 14 letter, if the petitioner wished to keep this petition active, within 30 days he was to submit a response to the docket, and that if no such response were submitted, the petition would be regarded as voluntarily withdrawn.

No response from the petitioner has been received as of the date of this memo.

This docket can be closed -- no further action is needed. Thanks.

Attachments

96P-0157

ENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 48 & b. Print your name and address on the reverse of this form so th turn this card to you. Attach this form to the front of the mailpiece, or on the back		L also wish to receive the following services (for an extr fee): 1. Addressee's Address	
ses not permit. Write "Return Receipt Requested" on the malipiece below the ar The Return Receipt will show to whom the article was delivered	ticle number and the date	Consult postmaster for ree.	
3. Article Addressed to: ARTHUR Y. TSIEN OLSSON, FRANK AND WEEDA, P.C. SUITE 400 1400 SIXTEENTH ST., N.W. WASHINGTON, D.C. 20036-2220	7000 46. Se Reg 2 Cerr Exp 7. Dat	a. Article Number   000 1670 0013 1351 1503   b. Service Type Insured   Registered Insured   Certified COD   Express Mail Return Receipt for Merchandise   7. Date of Delivery 16 2001	
5. Signature (Agent) 6. Signature (Agent) PS Form 3811, December 1991 × 0.S.G.P.O. 1992.3	and	Tressee's Address (Only if reques fee is paid)	

<u>نې</u>