

<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b> <b>FOOD AND DRUG ADMINISTRATION</b> <b>NOTICE OF AVAILABILITY OF SAMPLE ELECTRONIC PRODUCT</b>	DATE
---	------

NOTE: This report is authorized by Public Law 90-602 for radiation-emitting products.

**Paperwork Reduction Act Statement**

**Public reporting burden for this collection of information** is estimated to average .09 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and 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:

Food and Drug Administration  
 CDRH (HFZ-342)  
 2094 Gaither Road  
 Rockville, MD 20850

<--Please **DO NOT RETURN** this application to this address.

*"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."*

The \_\_\_\_\_ agrees to provide, on a loan basis and for a period of three to six months, the model(s) listed below for the purposes of compliance testing to the applicable FDA standard or in the case of medical devices, the applicable voluntary standard(s) specified in the attached letter. It is our understanding that the product(s) will only be subjected to nondestructive testing and that FDA will reimburse us for any costs of damaged parts.

1. MANUFACTURER	2. PRODUCT (i.e., TV, Microwave Oven, Medical Device, etc.)
-----------------	---

3. BRAND	4. MODEL	5. CHASSIS SERIES
----------	----------	-------------------

6. DATES OF AVAILABILITY:	a. Product	b. Service Manual
---------------------------	------------	-------------------

7. COMMENTS

8. PERSON(S) TO CONTACT REGARDING SAMPLE			
LOCATION A		LOCATION B	
Name and Title		Name and Title	
Street Address		Street Address	
City, State, ZIP Code	Area Code / Telephone No.	City, State, ZIP Code	Area Code / Telephone No.

9. LOCATION(S) TO WHICH SAMPLE(S) SHOULD BE RETURNED	
LOCATION A	LOCATION B

10. NAME(S) OF PERSON(S) AUTHORIZING LOAN	
LOCATION A	LOCATION B
Name and Title	Name and Title

<b>RETURN TO:</b>	FOOD AND DRUG ADMINISTRATION CENTER FOR DEVICES AND RADIOLOGICAL HEALTH (HFZ-342) 2094 GAITHER ROAD ROCKVILLE, MD 20850
-------------------	--