



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION Minneapolis	 	SAMPLE NO. 55563	DATE 12/5/05	SEAL BROKEN BY DATE	FDA-415a (11/05)
		SIGNATURE <i>Sylvia A. Rogers</i>			
		PRINT NAME & TITLE (Investigator, Inspector, Analyst, etc.) Sylvia A. Rogers, Investigator			

- 1 Insert sample number. When applicable, use prefix, e.g. "INV", "FS", "DOC", "PS", etc. (See IOM 4.4.10.2)
- 2 Insert date sealed. Use figures, month, day, year. (See # 7 below when seal is broken for any purpose.)
- 3 Sign your usual signature.
- 4 Print your name same as signature. (A rubber name stamp may be used if desired but use it carefully and do not smear.)
- 5 Print your title.
- 6 Print your district - spell out - do not use abbreviations or symbols. (A rubber stamp may be used.)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION Minneapolis	 	SAMPLE NO. 555	
		SIGNATURE <i>Sy</i>	
		PRINT NAME & TITLE Sylvia	

63	DATE 12/5/05	SEAL BROKEN BY <i>SAR</i>	DATE 12/6/05	FDA-415a (11/05)
<i>Sylvia A. Rogers</i>				
A. Rogers, Investigator				

- 7 When seal is broken for any purpose, initial here and enter the date broken. Submit broken seal with sample records.