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| DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration Center for Veterinary Medicine | Notice of Final Disposition of Animals Not Intended for Immediate Slaughter | Form Approved: OMB No. 0910-0453 Expiration Date: 04/30/2010 |
| PAPERWORK REDUCTION ACT STATEMENT: A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. The public reporting burden for the collection of information is estimated to vary from 15 minutes to 1 hour, with an average of 45 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary information, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Food and Drug Administration, Center for Veterinary Medicine, 7500 Standish Place, Rockville, MD 20855. | | |
| Food and Drug Administration Center for Veterinary Medicine, HFV- 7500 Standish Place Rockville, Maryland 20855 | A1. DATE: A2. DOCUMENT ID: A3. STUDY / TRIAL ID: A4. NOTICE NO: | |

The applicant, _____, submits a notice of final disposition of animals treated with investigational new animal drugs and not intended for immediate slaughter as requested by CVM authorization letter dated _____. This information is submitted in electronic form.

I. Animals Not Intended for Immediate Slaughter:

1. NAME(S) OF THE DRUG(S)
 - 1a. Established Name(s):

 - 1b. Trade Name(s):

2. SPECIES OF ANIMALS: _____ PRODUCTION CLASS: _____

3. METHOD OF DISPOSITION: _____
4. NAME AND ADDRESS OF FACILITY WHERE ANIMALS WERE DISPOSED:
 - 4a. Name: _____
 - 4b. Address: _____
 - 4c. Address 2: _____
 - 4d. City: _____ 4e. State/Prov: _____
 - 4f. Country: _____ 4g. Postal/Code: _____
 - 4h. Phone Number: _____

5. NUMBER OF ANIMALS:

| | | |
|--------------|----------------|----------------|
| Total: _____ | Treated: _____ | Control: _____ |
|--------------|----------------|----------------|

6. APPROXIMATE DATE OF DISPOSITION: _____

7. IS THIS ADDITIONAL INFORMATION FOR A NOTICE PREVIOUSLY SUBMITTED TO CVM:

| | | |
|---------------|----------------------------------|--------------------------------------|
| YES | NO | |
| If Yes, _____ | 7a. Date Submitted to CVM: _____ | 7b. CVM Submission Identifier: _____ |

II. Comments:

If you have additional comments that you would like to include in this submission please press the Insert Comments button below. All comments must be included within a PDF document.

III. Applicant Information:

- 1. Name:
- 2a. Address:
- 2b. Address 2:
- 2c. City:
- 2e. Country:
- 2d. State/Prov:
- 2f. Postal Code:

- 3. Contact Name:
- 4. Contact Phone Number:
- 5. Contact Fax Number:
- 6. Contact E-Mail Address: