OMB Number 0910-0XXX
Expiration Date: XX/XX/XX
Sample A

RAPID RESPONSE SURVEY

Dear Colleague,

The Food and Drug Administration (FDA) needs your help. This survey is designed to assist FDA in understanding more fully a potentially serious medical product problem.

{SYNOPSIS OF PROBLEM GOES HERE}

(You) (Your facility) (have been) (has been) selected for this survey because (you) (your facility) (are) (is) likely to have experience using this product.

Your participation in this survey is critical. FDA believes there may be a potentially serious public health hazard and FDA must have additional information as quickly as possible. Because the number of respondents is small, each survey is vitally important in providing critical information.

Your participation in this survey is voluntary and your responses are anonymous. There is no identifying information on the survey form; therefore, your responses to the survey questions cannot be linked to the respondent list. The survey sample list will be destroyed one month following the completion date of the survey.

If you have any questions about this survey, please do not hesitate to call:

_____ at (301) _____ **Please do not identify yourself by name.**

We are extremely appreciative of the time and effort involved in your participation in this important information collection. Your efforts will provide critical public health information.

Please respond by: _____. Respondents are requested to route the survey questions and responses through the process improvement/quality improvement process in their facility to ensure the maximum input into this process.

Please feel free to respond by:

Telephone: _____ **Identify yourself as only "a respondent to the survey sent _____ date;**

Fax: _____ **Do not send your institution's cover sheet. The Office Director's secretary will remove any identifiers your fax machine automatically assigns to the forms before giving the forms to the analysis team.**

Mail: _____ Use the enclosed stamped, addressed return envelope for your convenience. **All return envelopes are addressed to the Office Director's secretary. Surveys will be removed and the envelope destroyed before the results are given to the analysis team.**

<u>Questions</u>:

A.

B.

C.

D.

Please fell free to provide any other information about this topic that you believe may be useful to FDA's analysis of the problem:

_____

_____

_____

Thank you for your time and energy in aiding FDA to understand more fully this issue!

Sincerely yours,

John Q. Fed, Ph.D.
Director, Office of Postmarketing Surveillance
Center for XXXXX XXXXX xxx XXXXXXXXXX
Food and Drug Administration