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### Submit Vaccine Product Information

Would you like to meet with a federal agency regarding a vaccine that you are developing? If you submit some basic information on that product, we will evaluate your request and route it to the most appropriate resource within the federal government. In some instances, it is not necessary or appropriate for a federal agency representative to meet with companies regarding their products. In the event that a federal agency representative is unable to meet with you, we will provide you with that information in a timely manner.

All submissions to MedicalCountermeasures.gov are voluntary and are for information only. However, the submission of complete information may facilitate the routing of your request. It is important that we route your request to the most appropriate federal entity. By selecting all federal entities listed below, you increase the probability that we will be able to route your request appropriately. However, selecting all of the federal entities above does not guarantee that it is appropriate for the federal government to meet with you at this time.

A field with an asterisk (\*) before it is a required field

Requestor Phone --

Company URL

Product Name

Specific Threat Agent (choose [Check All](#) all that apply)

[Uncheck All](#)

- |                                                                                                                                   |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Anthrax ( <i>Bacillus anthracis</i> )                                                                    | <input type="checkbox"/> Q Fever ( <i>Coxiella burnetti</i> )                    |
| <input type="checkbox"/> Botulism ( <i>Clostridium botulinum</i> toxin)                                                           | <input type="checkbox"/> Ricin Toxin from <i>Ricinus communis</i> (castor beans) |
| <input type="checkbox"/> Brucellosis ( <i>Brucella</i> species)                                                                   | <input type="checkbox"/> Smallpox (variola major)                                |
| <input type="checkbox"/> Epsilon Toxin of <i>Clostridium perfringens</i>                                                          | <input type="checkbox"/> Staphylococcal enterotoxin B                            |
| <input type="checkbox"/> Food Safety Threats (e.g., <i>Salmonella</i> species, <i>Escherichia coli</i> O157:H7, <i>Shigella</i> ) | <input type="checkbox"/> Tularemia ( <i>Francisella tularensis</i> )             |
| <input type="checkbox"/> Glanders ( <i>Burkholderia mallei</i> )                                                                  | <input type="checkbox"/> Typhus fever ( <i>Rickettsia prowazekii</i> )           |

Melioidosis (*Burkholderia pseudomallei*)

Influenza

Plague (*Yersinia pestis*)

Psittacosis (*Chlamydia psittaci*)

Viral hemorrhagic fevers (*filoviruses* and *arenaviruses*)

Water Safety Threats (e.g., *Vibrio cholerae*, *Cryptosporidium parvum*)

Other (Please Specify)

Technology Readiness Level  [Technology Readiness Level Descriptions](#)

Route of Administration [Check All](#)

[Uncheck All](#)

Intravenous

Intramuscular Injection

"Needle-Free" Injection

Intranasal

Oral

Subcutaneous

Transdermal

Other (Please Specify)

Indications for Use (check all that apply) [Check All](#)

[Uncheck All](#)

Pre-Exposure Prophylaxis

Post-Exposure Prophylaxis

Other (Please Specify)

Number of Doses Required for Efficacy or per Regimen

Anticipated Product Stability Years  Months

Temperature at which product is stable (please indicate range)

Upload Documents [Upload Documents](#)  
[Refresh Documents](#)

\*Does your submission include proprietary, confidential, or trade secret information?  No  Yes

Please select those federal entities that you would be interested in potentially meeting [Check All](#)

HHS/BARDA

[Uncheck All](#)

HHS/FDA

**with. Please do not select an entity in which you are currently competing for a contract under as active solicitation issued in accordance with the Federal Acquisition Regulation.**

HHS/CDC

HHS/NIH

**Comments**

Submit

Cancel

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