

## **Device Registration and Listing Module**

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OMB Burden Statement:

Public reporting burden for this collection of information on Form 3673 is estimated to be 0.50 hours per response for the purpose of firms annually registering their establishment and 0.25 hours per response for the purpose of firms annually listing their devices. These estimates are based on FDA's experience, data from the device registration and listing database, and our estimates of the time needed to complete other previously required forms.

Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services  
Food and Drug Administration  
Office of the Chief Information Officer  
1350 Piccard Dr.  
Rockville, Maryland 20850

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 Office of Management and Budget (OMB) control number.

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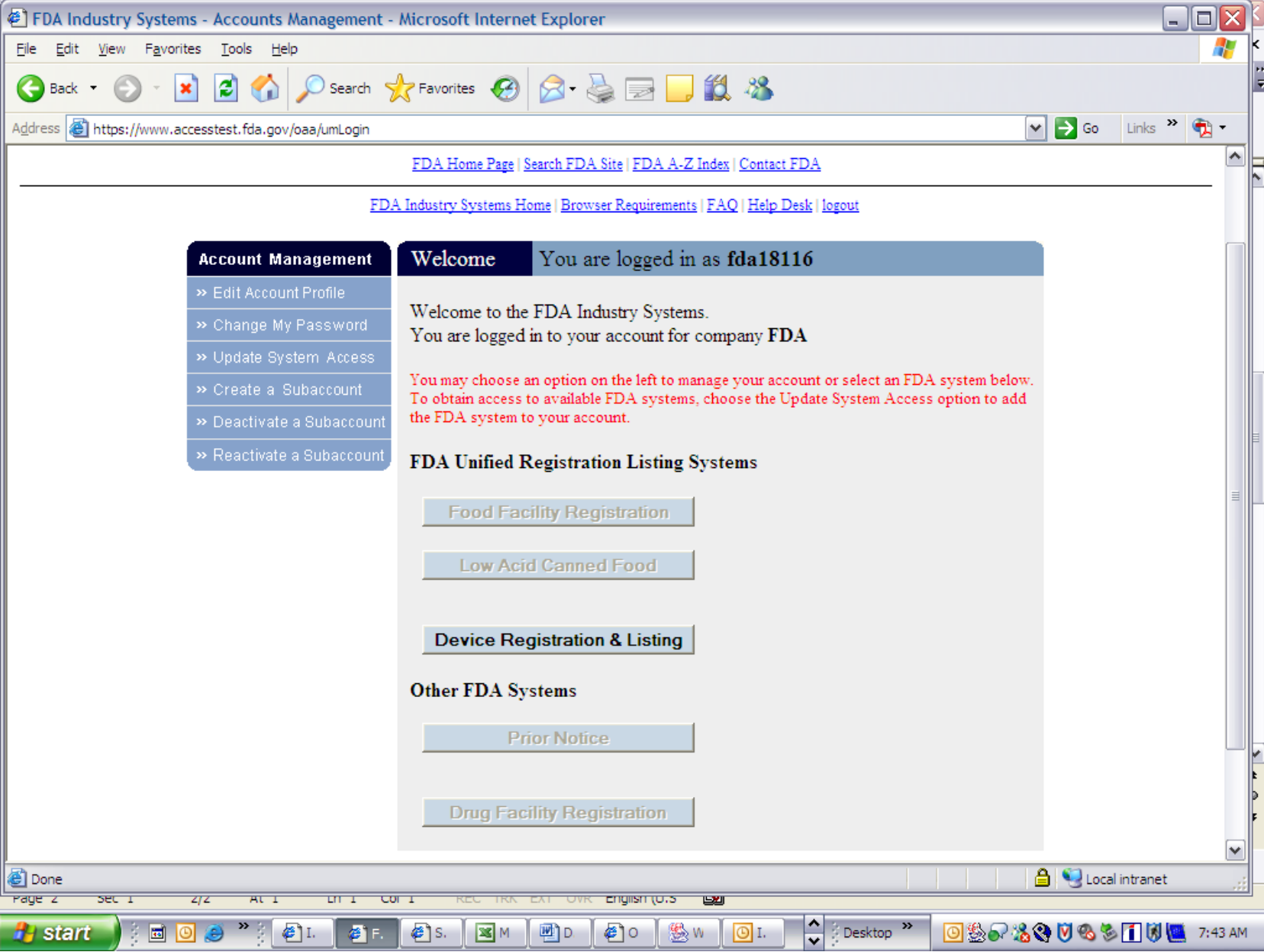
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Device Registration and Listing Module System - Microsoft Internet Explorer

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## Device Registration & Listing Module

### DRLM Main Menu

Get Help ?

**There are currently problems with the listing data for registered establishments. We are working to resolve the problem. Your 2007 registration will remain valid through December 31, 2007.**

- [Register a Medical Device Facility](#)
- [Change Registration Information for a Facility](#)
- [Cancel, Deactivate, or Reactivate a Facility Registration](#)
- [Annual Review of Device Registration and Listing Information \(Annual Registration\)](#)
- [Change the Official Correspondent for a Facility](#)
- [Create Listings for Medical Devices](#)
- [Change, Cancel, or Reactivate Listings](#)
- [Transfer Ownership of Devices or Facilities](#)

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Using FURLS to Register Your Facility - Microsoft Internet Explorer

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# DRLM

## Device Registration & Listing Module



FURLS HOME  
DRLM HOME

### Register Your Facility

#### Registration Requirements Get Help ?

On the next few pages, you will need to enter the business name and address of your medical device facility. If your facility is located outside of the United States, you will also need to enter information about your [U.S.Agent](#).

With the exception of facilities that only act as [initial distributors](#) of medical devices, you will need to create a listing for each product that you manufacture or process at your facility. You must enter at least one listing for the facility in order to complete your registration(unless you only import finished medical devices).

To enter a listing, you will need to identify whether your product is exempt from [premarket notification and approval](#).

If your product is exempt, you will:

- Identify the appropriate [product code\(s\)](#)
- Enter the proprietary name(s) under which the product is marketed
- Identify the [activities](#) that you perform on or to the product(s)

If your product is not exempt, you will:

- Enter the premarket submission number(s) associated with your product(s)
- Enter the proprietary name(s) under which the product is marketed
- Identify the [activities](#) that you perform on or to the product(s)

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# DRLM

## Device Registration & Listing Module



### Register Your Facility

#### Transfer Of Ownership?

Get Help ?

Is this registration the result of buying a registered facility from another company or merging with another company at this location?

YES  NO

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> CONTINUE REGISTRATION

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### Register Your Facility

Fields marked with an asterisk (\*) are required.

Establishment Information  Same as Owner/Operator  Same as Official Correspondent

Choose Country where Facility is Located:\* UNITED STATES

Facility Name:\* FDA

Address Line 1:\* 10220 Malvern Court

Address Line 2:

Zip Code:\* 20110

City:\* Manassas

State:\* Virginia

Phone: Area/City Code: Phone Number: Extension:  
703 3333333

Fax: Area/City Code: Fax Number:

Facility URL:

Other Business Trade Name(s):  > remove

> Add More Trade Names:

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## Device Registration & Listing Module

Register Your Facility

### Identify Facility's Products

Get Help ?

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

The products shown below have previously been listed by your company for other facilities. Select one or more products from the list below for this Facility or click "ADD NEW PRODUCT" to create a listing for a new product.

<input type="checkbox"/>	Listing Number	Listing Status	Premarket Submission Number/Type	Product Code(s)	Device Name	Registration Numbers
<input type="checkbox"/>	<a href="#">D004788</a>	Active	K010680	CAF	NEBULIZER (DIRECT PATIENT INTERFACE)	Not Yet Assigned.
<input type="checkbox"/>	<a href="#">D004789</a>	Active	K904717	CAF	NEBULIZER (DIRECT PATIENT INTERFACE)	Not Yet Assigned.

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< CANCEL - RETURN TO MAIN MENU

> ADD NEW PRODUCT

> ADD SELECTED PRODUCTS TO THIS FACILITY

enter the Premarket Submission Number - Microsoft Internet Explorer


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# DRLM

## Device Registration & Listing Module



FURLS HOME  
DRLM HOME

Register Your Facility  
**Enter Product Number** [Get Help ?](#)

**FACILITY:** *FDA, MANASSAS, VIRGINIA, UNITED STATES*

Enter the FDA [Premarket Notification \(510\(k\)\)](#), [Premarket Application \(PMA\)](#), [Product Development Protocol \(PDP\)](#), [Humanitarian Device Exemption \(HDE\)](#), [Investigational New Drug \(IND\)](#), or [New Drug Application \(NDA\)](#) submission number for this product in the box below and click Continue. If the device was marketed prior to May 28, 1976, please type "Preamendment" in the box below and click Continue.

If your product is exempt from FDA premarket notification requirements, leave the box empty and just click Continue.

Enter the Premarket Submission Number:

[< BACK](#) [< CANCEL - RETURN to MAIN MENU](#) [> CONTINUE](#)

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# DRLM

## Device Registration & Listing Module



Register Your Facility

### Exporter or Importer Question

Get Help ?

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

Is this device being manufactured solely for export to a foreign country?

YES

NO

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> CONTINUE

Done

Local intranet

# DRLM

## Device Registration & Listing Module



Register Your Facility

### Exporter or Importer Question

Get Help ?

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

Is this device being manufactured solely for export to a foreign country?

YES

NO

< BACK

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> CONTINUE

Done

Local intranet

**FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES**

Select Product Code(s)

Shorten your search by using the filter option. Type a word or words describing the device and click Filter. A list of product codes and names will appear below. If you already know the correct product code, type the product code in the box and click Filter. Once you have selected a product code, click Continue

Enter the Product Code or a word or words describing the device:

Displaying Page 1 of 1

	Medical Specialty	Product Code	Device/Product Name	Class	Premarket Submission Required
<input checked="" type="radio"/>	DENTAL	EJX	ANCHOR, PREFORMED	1	510(k) exempt
<input type="radio"/>	GENERAL AND PLASTIC SURGERY	NEH	ANCHOR, FASCIAL	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NWN	Kit, laparoscopic, bone anchor, urethropexy	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NOV	ANCHOR, SUTURE, BONE FIXATION, METALLIC	2	510(k)

None of the above. Request new product code.

**FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES**

Select Product Code(s)

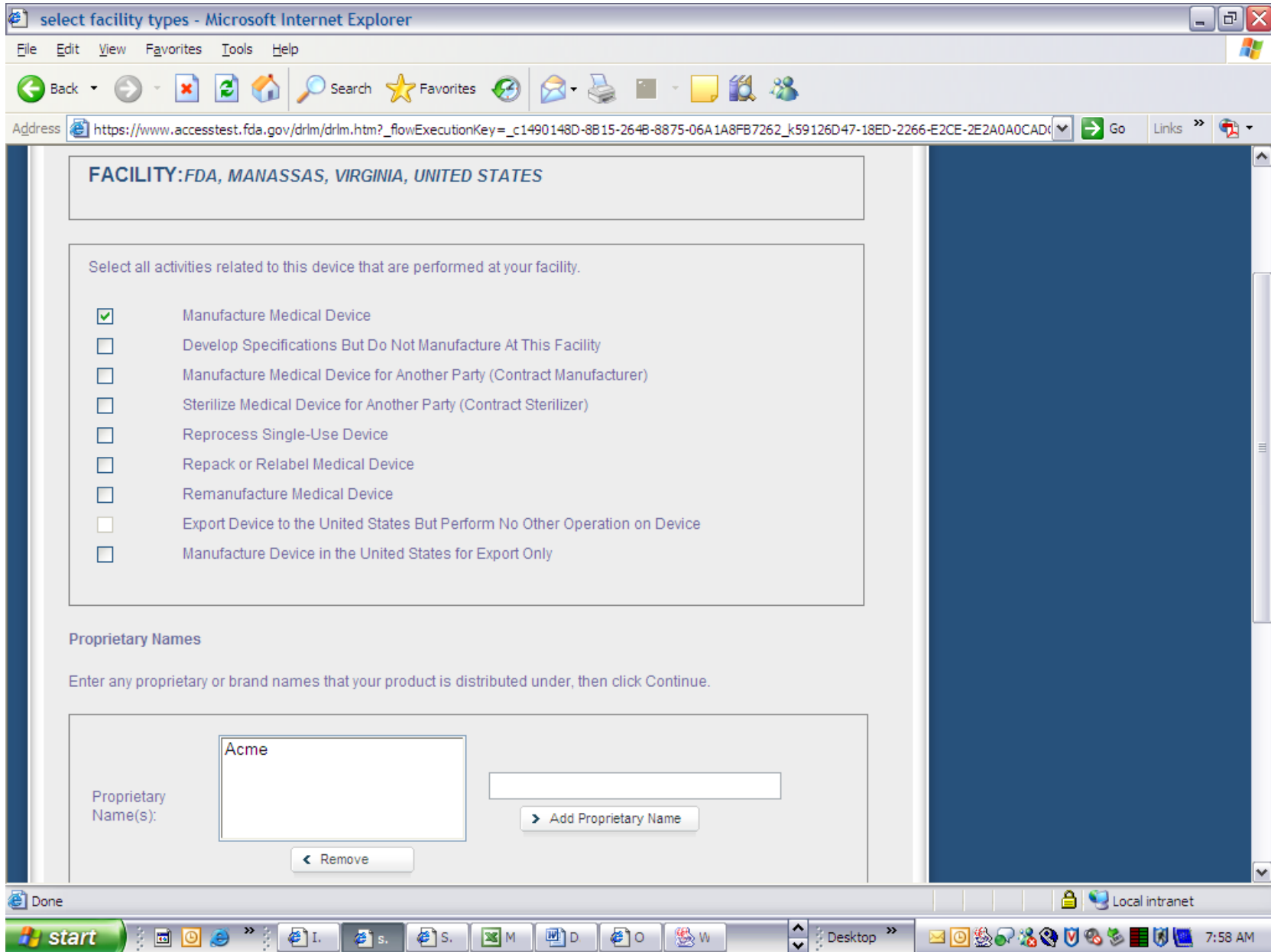
Shorten your search by using the filter option. Type a word or words describing the device and click Filter. A list of product codes and names will appear below. If you already know the correct product code, type the product code in the box and click Filter. Once you have selected a product code, click Continue

Enter the Product Code or a word or words describing the device:

Displaying Page 1 of 1

	Medical Specialty	Product Code	Device/Product Name	Class	Premarket Submission Required
<input checked="" type="radio"/>	DENTAL	EJX	ANCHOR, PREFORMED	1	510(k) exempt
<input type="radio"/>	GENERAL AND PLASTIC SURGERY	NEH	ANCHOR, FASCIAL	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NWN	Kit, laparoscopic, bone anchor, urethropexy	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NOV	ANCHOR, SUTURE, BONE FIXATION, METALLIC	2	510(k)

None of the above. Request new product code.





facility listing summary - Microsoft Internet Explorer

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## Device Registration & Listing Module

### Register Your Facility Listings Summary Get Help ?

**FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES**

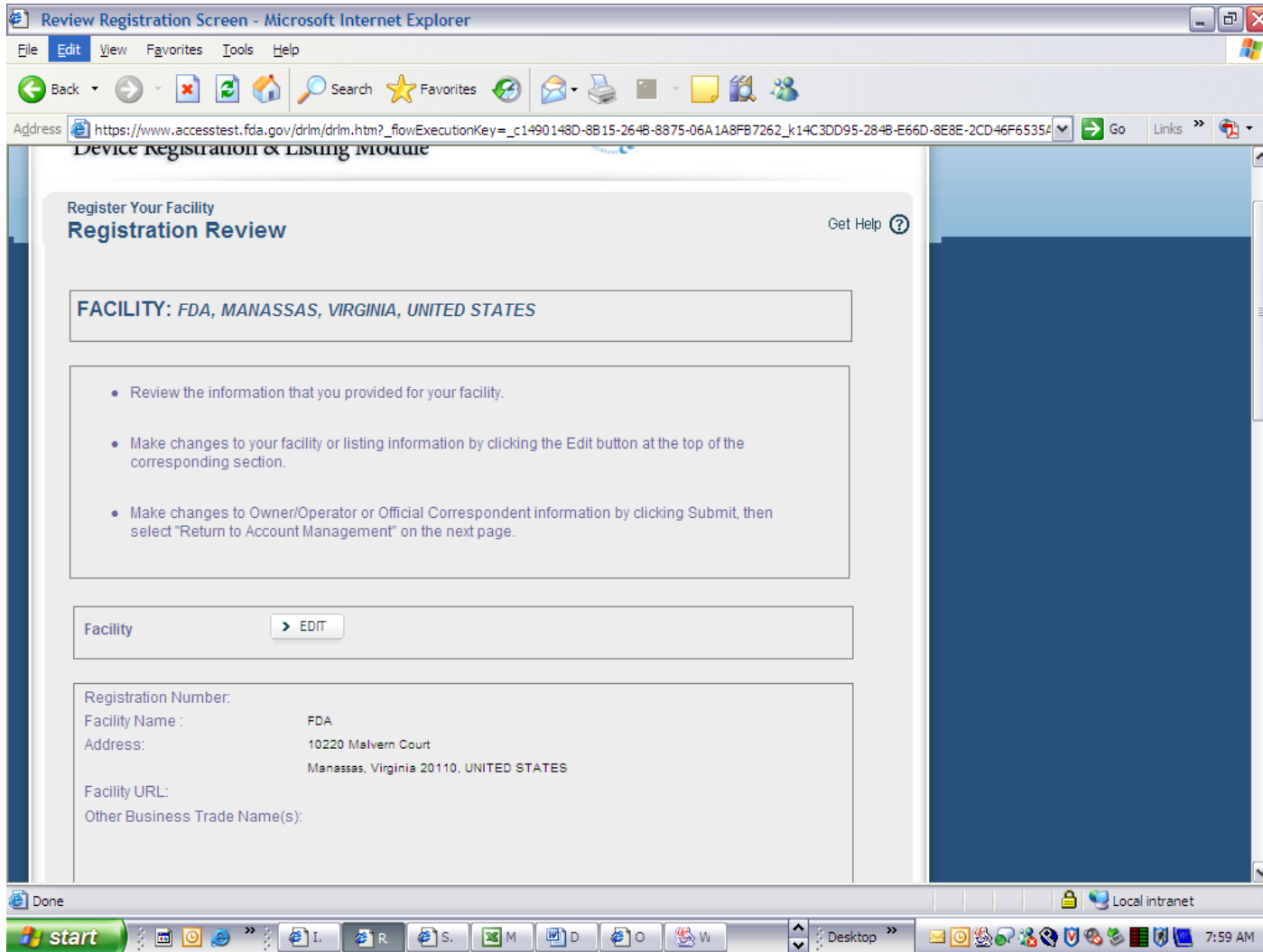
- Review the listings in the "Added Listing(s)" table below.
- Make corrections by selecting a listing and clicking "Edit Selected Listing."
- Add more listings by clicking "Add New product."

	Listing Number	Premarket Submission Number/Type	Product Code(s)	Device Name(s)	Activities	Proprietary Names
<input type="radio"/>	New Listing	Exempt	EJX	ANCHOR, PREFORMED	Manufacture Medical Device	Aome

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Review Registration Screen - Microsoft Internet Explorer

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**Official Correspondent Information** > EDIT

Contact Name: Testsubaccount test  
 Company: test  
 Address: 20 Main Street  
 Manassas, VA 20110, UNITED STATES  
 Telephone: 240-2780640  
 Fax:  
 E-mail: dwr@cdrh.fda.gov

**Device Listings** > EDIT

Listing Number	Premarket Submission Number/Type	Product Codes	Device Name	Activities
New Listing	Exempt	EJX	ANCHOR, PREFORMED	Manufacture Medical Device

**Certification Statement**

By clicking the Submit button I certify that the registration and listing information for this medical device facility as shown on this page is true. I understand that the submission of any report that is false or misleading in any material respect is a violation of Section 301(a)(2), (21 U.S.C. 331(q)(s)) and may be a violation of 18 U.S.C 1001.

< CANCEL - RETURN to MAIN MENU > SUBMIT

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Confirmation Page - Microsoft Internet Explorer

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Contact Name: David Racine  
 Company: FDA  
 Address: 10225 Malvern Court  
 Manassas, VA 20110, UNITED STATES  
 Telephone: 703-3333333  
 Fax:  
 E-mail: david.racine@fda.hhs.gov

**Official Correspondent Information**

Contact Name: Testsubaccount test  
 Company: test  
 Address: 20 Main Street  
 Manassas, VA 20110, UNITED STATES  
 Telephone: 240-2780840  
 Fax:  
 E-mail: dwr@cdrh.fda.gov

**Device Listings**

Listing Number	Premarket Submission Number	Product Codes	Device Name	Activities
D004838	Exempt	EJX	ANCHOR, PREFORMED	Manufacture Medical Device

Date registration and listing information entered: October 31, 2007

[RETURN to MAIN MENU](#) [RETURN to ACCOUNT MANAGEMENT](#)

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