

**TOBACCO HEALTH DOCUMENT  
SUBMISSION**

**FAMILY SMOKING PREVENTION AND TOBACCO CONTROL ACT**

On June 22, 2009, the President signed the Family Smoking Prevention and Tobacco Control Act (Tobacco Control Act) (Public Law 111-31) into law. The Tobacco Control Act amended the Federal Food, Drug, and Cosmetic Act (the act) by adding a new chapter granting FDA important new authority to regulate the manufacture, marketing, and distribution of tobacco products to protect the public health generally and to reduce tobacco use by minors.

**STATUTORY REQUIREMENTS**

**Section 904(a)(4)** of the act requires each tobacco product manufacturer or importer, or agent thereof, to submit all documents developed after June 22, 2009 “that relate to health, toxicological, behavioral, or physiologic effects of current or future tobacco products, their constituents (including smoke constituents), ingredients, components, and additives.” Information required under section 904(a)(4) must be submitted to FDA beginning December 22, 2009.

**DEFINITIONS**

FDA intends to use the following definitions in implementing the health document submission requirements of section 904(a)(4) of the act.

1. **Document:** FDA views Federal Rule of Civil Procedure (FRCP) 34 as providing guidance in this area. Rule 34 defines “documents or electronically stored information,” as including “writings, drawings, graphs, charts, photographs, sound recordings, images, and other data or data compilations – stored in any medium from which information can be obtained either directly or, if necessary, after translation by the responding party into a reasonably usable form.” FDA understands the term “document” in 904(a)(4) to include the types of documents or electronically stored information referenced in FRCP Rule 34. The term “document” includes any original or any modified version or draft varying in any way, which is saved or stored separately from other versions and/or distributed to others.
2. **Importer:** The term “importer” means the importer of record at the time of entry of a tobacco product into the United States.
3. **Pouch:** The term “pouch” means a permeable pouch, intended to be filled with pre-portioned tobacco product and placed in the oral cavity with the tobacco product.
4. **Tobacco Product:** The term “tobacco product” means “any product made or derived from tobacco that is intended for human consumption, including any component, part, or accessory of a tobacco product (except for raw materials other than tobacco used in manufacturing a component, part, or accessory of a tobacco product)” (section 201(rr) of the act (21 U.S.C. 321(rr))). This term does not include an article that is a drug, a device, or a combination product as defined in the act (section 201(rr) of the act (21 U.S.C. 321(rr))). Thus, the term is not limited to products containing tobacco, but also includes components, parts, and accessories of tobacco products, whether they are sold for further manufacturing or for consumer use. For example, tobacco, papers and filters are tobacco products, whether they are sold to consumers for use with roll-your-own tobacco or are sold for further manufacturing into a product sold to a consumer, such as a cigarette.
5. **Tobacco Product Manufacturer:** The term “tobacco product manufacturer” means “any person, including any repacker or relabeler, who (A) manufactures, fabricates, assembles, processes, or labels a tobacco product; or (B) imports a finished tobacco product for sale or distribution in the United States” (section 900(20) of the act (21 U.S.C. 387(20))). Thus, the term is not limited to persons who manufacture products containing tobacco, but includes anyone who manufactures any tobacco product as defined above.

**TOBACCO HEALTH DOCUMENT  
SUBMISSION**

*See page 6 for Instructions*

*Please type. An item followed by an asterisk (\*) denotes a required field.*

**SECTION I - SUBMITTER IDENTIFICATION**

Submitter Type (Check one)\*

Manufacturer

Importer

Company Name\*

Company Headquarters DUNS Number

Company Headquarters FEI Number

Address\*

City\*

State, Province or Territory\*

Country\*

ZIP or Postal Code\*

**Submitter Point of Contact**

Title (e.g., Mr., Ms., Dr.)

First Name

Last Name

Position Title

Email Address

Telephone (Include Country Code if applicable)

FAX

**SECTION II - MANUFACTURER IDENTIFICATION**

*Required only for importers*

Manufacturer Name\*

Manufacturer Headquarters DUNS Number

Manufacturer Headquarters FEI Number

Address\*

City\*

State, Province or Territory\*

Country\*

ZIP or Postal Code\*

**Manufacturer Point of Contact**

Title (e.g., Mr., Ms., Dr.)

First Name

Last Name

Position Title

Email Address

Telephone (Include Country Code if applicable)

FAX

**Submit a separate copy of this page for each document.**

Company Name \_\_\_\_\_

Company Headquarters DUNS Number \_\_\_\_\_

**SECTION III - SUBMISSION FORMAT AND CONTENTS**

**Indicate your submission format (Check all that apply).**

**Electronic Documents**

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Number of documents _____             | 4. <input type="checkbox"/> Size of submission (e.g., MB) _____            |
| 2. <input type="checkbox"/> Media type (e.g., CD) _____           | 5. <input type="checkbox"/> File type (e.g., PDF) _____                    |
| 3. <input type="checkbox"/> Media quantity (e.g., # of CDs) _____ | 6. <input type="checkbox"/> File software (e.g.,<br>Adobe Acrobat 9) _____ |

7. If you are submitting electronic documents, please detail any special instructions for loading or accessing your submission, including contact information for IT professionals who may be able to provide additional technical details about your submission.

**Paper Documents**

1.  Number of documents \_\_\_\_\_ 2.  Number of volumes \_\_\_\_\_ 3.  Number of boxes \_\_\_\_\_

**None**

- I do not have any documents that relate to health, toxicological, behavioral, or physiologic effects of current or future tobacco products, their constituents (including smoke constituents), ingredients, components, and additives to submit for this quarter.
- I do not anticipate having documents in the future. If at anytime in the future I do have such documents I will immediately notify FDA and begin submitting the documents as required by section 904(a)(4) of the Federal Food, Drug, and Cosmetic Act.

**SECTION IV - CONFIRMATION STATEMENT**

The data and information in this submission have been reviewed and, to the best of my knowledge, are certified to be true and accurate. Electronic media has been scanned and certified to be virus-free. I agree to report changes to this information as required under section 904(c) of the act.

**Agree**

**WARNING:**

**A willfully false statement is a criminal offense, U.S. Code, Title 18, Section 1001.**

Signature of Responsible Person or Agent \_\_\_\_\_

Typed Name and Title \_\_\_\_\_

Date \_\_\_\_\_

Identity of the Signatory

- Submitter (Listed in Section I)       Authorized Agent (Complete section below)

**Authorized Agent Contact Information**

Title (e.g., Mr., Ms., Dr.) \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Position Title \_\_\_\_\_

Email Address \_\_\_\_\_

**Submit a separate copy of this page for each document.**

Company Name

Company Headquarters DUNS Number

**SECTION V - DOCUMENT CATEGORIZATION**

**Submit a separate copy of this page for each document or each set of documents.**

1. This document or set of documents relates to the following effects (*Check all that apply*)

Health

Behavioral

Toxicological

Physiological

2. This document or set of documents relates to the following: (*Complete Parts A-D, as appropriate. You are to provide a consistent, unique identifying name for each tobacco product, additive, ingredient, constituent or component. You may use continuation sheets if necessary.*)

**Part A:** Specific current or future tobacco product(s)


**Part B:** Class of current or future tobacco products (*e.g., menthol cigarettes*)

**Part C:** Specific ingredient(s), constituent(s), component(s), or additive(s)


**Part D:** Class of ingredients, constituents, components, or additives (*e.g., tobacco specific nitrosamines*)

**SECTION VI - DOCUMENT READABILITY AND ACCESSIBILITY**

1. Glossary or explanation of any abbreviations, jargon or code names (*You may describe below or attach a separate glossary for your entire submission.*)

**SECTION VII - DOCUMENT METADATA**

1. Document date:

2. Document author(s):

3. Document recipient(s):

4. Document custodian:

5. Document title or identification number

6. Beginning and ending Bates numbers

7. Bates number ranges for other documents physically or digitally attached to the document (*e.g., an attachment to an email*)

---

---

## REFERENCES

---

Reference for the Tobacco Control Act: <http://www.fda.gov/tobaccoindustry>

---

Reference for *Guidance on Health Document Submission*:  
<http://www.fda.gov/tobaccoindustry>

---

Reference for SRS UNII: [http://www.fda.gov/ForIndustry/DataStandards/  
SubstanceRegistrationSystem-UniqueIngredientIdentifierUNII](http://www.fda.gov/ForIndustry/DataStandards/SubstanceRegistrationSystem-UniqueIngredientIdentifierUNII)

---

National Library of Medicine's Medical Subject Headings: <http://www.nlm.nih.gov/mesh/>

---

---

---

Public reporting burden for this collection of information is estimated to average 10.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other 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 Chief Information Officer  
1350 Piccard Drive, 420A  
Rockville, MD 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 OMB control number.*

---

## INSTRUCTIONS

---

### General

Provide Pages 2 and 3 of this form (Sections I-IV) as a cover sheet for your complete submission. Provide Page 4 of this form (Sections V-VII) as a cover sheet for each document.

In order for FDA to access, review, and archive your documents, they cannot be password protected.

If you are submitting paper documents, FDA recommends that all pages are Bates numbered. All regulatory submissions should be hole-punched and bound with metal fasteners. Assure that text is not obscured by hole punching. Ring binders (notebooks) are not recommended as they have been found to open during constant moving. Shipping unbound documents may result in the loss of portions of the submission.

---

### Section I – Submitter Identification

---

Identify whether the submitter is the manufacturer or the importer.

You are to provide the submitting party's name and address. If you are submitting as an importer, you must complete a separate submission for each manufacturer whose products you import.

If you are submitting on behalf of the manufacturer or importer as an agent, report information for the manufacturer or importer, not your own information.

---

### Section II – Manufacturer Identification

---

If you are submitting as an importer, you are to identify the manufacturer whose documents you are submitting by completing this section for each submission.

---

### Section III – Submission Format and Contents

---

Please indicate whether your submission contains electronic or paper documents.

#### ***Electronic Documents***

Item 1: Indicate the total number of documents you are including in your submission.

Item 2: Specify the type of media you are submitting (e.g., CD, DVD, hard drive).

Item 3: Specify how many pieces of media you are submitting (e.g., 3 CDs).

Item 4: Indicate the total size of your submission.

Item 5: Specify the type of files contained in your submission (e.g., PDF, TIFF).

Item 6: Indicate the type of software used to create your documents (e.g., Adobe Acrobat 9 or Summation).

Item 7: Provide any technical details needed for FDA to load or access your documents.

#### ***Paper Documents***

Item 1: Indicate the total number of documents you are including in your submission.

Item 2: Specify how many volumes of documents you are including in your submission.

Item 3: Specify how many boxes of documents you are including in your submission.

#### ***None***

If you do not have any health documents to report this quarter, you are to so inform FDA. If you do not anticipate having any health documents to submit in the future, you may also state this.

---

---

## **Section IV – Confirmation Statement**

---

Please sign and date your submission. If you are submitting as an authorized agent, enter all required identifying information in this section. Check your submission to ensure that you have included a copy of Page 3 with each submitted document.

---

---

## **Section V – Document Categorization**

---

Please note that FDA does not intend to enforce the categorization requirements for those documents developed between June 22, 2009, and December 31, 2009.

Item 1: Select all that apply. You are to select at least one category.

Item 2: Complete Parts A through D, as applicable to the information addressed by your document. You are to use consistent terminology to identify tobacco products and constituents/ingredients/components across all documents submitted under section 904 of the act.

---

---

## **Section VI – Document Readability and Accessibility**

---

Item 1: FDA requests that you provide a glossary or explanation for any abbreviations, jargon or code names used in your documents. You may provide any necessary explanations for this document in the box below, or attach a separate glossary for your entire submission.

---

---

## **Section VII – Document Metadata**

---

Item 1: Specify the document date.

Item 2: List all authors of the document.

Item 3: List all recipients of the document.

Item 4: Identify the custodian of the document. The custodian is the individual with physical control of the document.

Item 5: Identify the document title or identification number.

Item 6: FDA requests that you uniquely number each page of every document submitted, a practice referred to as Bates numbering. Please provide the beginning and ending Bates numbers for each document.

Item 7: If you are submitting a document with physical or digital attachments (e.g., an email or other memo with attached documents), provide the Bates number range(s) for the attached document(s). Each attached document is to be submitted with a separate completed cover sheet (Sections V-VII of this form).