

**FDA/CDER
DOCUMENTATION FOR THE GENERIC CLEARANCE
OF FOCUS GROUPS**

TITLE OF INFORMATION COLLECTION: [insert]

DESCRIPTION OF THIS SPECIFIC COLLECTION

- 1. Statement of need:**
[insert]
- 2. Intended use of information:**
[insert]
- 3. Description of respondents:**
[insert]
- 4. Date(s) and location(s):**
[insert]
- 5. Collection procedures:**
[insert]
- 6. Number of focus groups:**
[insert]
- 7. Amount and justification for any proposed incentive:**
[insert]

BURDEN HOUR COMPUTATION (*Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours*):

Type/Category of Respondent	No. of Respondents	Participation Time (minutes)	Burden (hours)

REQUESTED APPROVAL DATE: [insert]

NAME OF CONTACT PERSON: [insert]

FDA/CDER OFFICE: [insert]