



**Designer note:** This form file is a "layout only" design proof. It has **no** entry fields or functionality and has not been optimized for 508 compliance. All those elements will be added or updated & maintained in the final "508 compliant" **Adobe "LiveCycle" PDF file** after FDA approves this revised layout design.

Dear Application Holder:

The attached report form is being furnished for your convenience in complying with the "NDA-Field Alert" reporting requirements of Section 314.81 (b)(1)(i) and (ii), as codified in Title 21 of the Code of Federal Regulations, effective May 23, 1985:

"314.81 Other postmarketing reports.

(a) Applicability. Each applicant shall make the reports for each of its approved applications and abbreviated applications required under this section and section 505 (k) of the act.

(b) Reporting Requirements. The applicant shall submit to the Food and Drug Administration at the specified times two copies of the following reports:

(1) NDA-Field Alert Report. The applicant shall submit information of the following kinds about distributed drug products and articles to the FDA district office that is responsible for the facility involved within three working days of receipt by the applicant. The information may be provided by telephone or other rapid communication means, with prompt written follow-up. The report and its mailing cover should be plainly marked: "FDA-Field Alert Report."

(i) Information concerning any incident that causes the drug product or its labeling to be mistaken for, or applied to, another article.

(ii) Information concerning any bacteriological contamination, or any significant chemical, physical, or other change or deterioration in the distributed drug product, or any failure of one or more distributed batches of the drug product to meet the specifications established for it in the application."

In this context, PLEASE NOTE that the information required under 21 CFR 314.81 SHOULD NOT be submitted with reports of adverse drug reactions as described under 21 CFR 314.80, the regulation dealing with the postmarketing reporting of adverse drug experiences.

Accordingly, please submit, via email submit button, the required 21 CFR 314.81 information within three (3) working days to the "NDA-Field Alert Report" coordinator in the FDA district office where the facility is located as specified on page 1, Box 1. Reports involving foreign facilities can be reported to the jurisdictional FDA district office, where the firm's attorney, agent or other authorized official resides or maintains a place of business in the US. (21 CFR 314.50).

For your convenience, the addresses and telephone numbers of all FDA district offices are listed on page ii. The e-mail submit button is located on the bottom of the last form page of the form.

## FDA/ORA FIELD ADDRESSES

Select **one** primary address by marking the box next to an address below.

When filling out this form in Adobe Reader:

- The selected address automatically will be placed in the upper right area on form page 1, and
- its email address will be the "To" addressee in the email generated by the submit button on the last form page.

- New York District  
158-15 Liberty Ave.  
Jamaica, NY 11433  
Tel: 718-340-7000  
ORANYKFAR@fda.hhs.gov
- Detroit District (DET-DO)  
300 River Place, Suite 5900  
Detroit, MI 48207-3179  
Tel: 313-393-8100  
ORADETFAR@fda.hhs.gov
- Dallas District (DAL-DO)  
4040 North Central Expswy.  
Suite 300  
Dallas, TX 75204  
Tel: 214-253-5200  
ORADALFAR@fda.hhs.gov
- New England District (NWE-DO)  
One Montvale Ave., 4th Floor  
Stoneham, MA 02180  
Tel: 781-587-7500  
ORANWEFAR@fda.hhs.gov
- Atlanta District (ATL-DO)  
60 Eighth St., NE  
Atlanta, GA 30309  
Tel: 404-253-2263  
ORAATLFAR@fda.hhs.gov
- Minneapolis District (MIN-DO)  
250 Marquette Avenue, #600  
Minneapolis, MN 55401  
Tel: 612-334-4100  
ORAMINFAR@fda.hhs.gov
- Philadelphia District (PHI-DO)  
Rm 900 U.S. Customhouse  
200 Chestnut St.  
Philadelphia, PA 19106  
Tel: 215-597-4390  
ORAPHIFAR@fda.hhs.gov
- New Orleans District (NOL-DO)  
U.S. FDA  
404 BNA Drive, Suite 500  
Nashville, TN 37217-2597  
Tel: 251-344-8208, ext. 105  
ORANOLFAR@fda.hhs.gov
- Kansas City District (KAN-DO)  
11630 W. 80th Street  
Lenexa, KS 66214-3340  
Tel: 913-752-2769  
ORAKANFAR@fda.hhs.gov
- Baltimore District (BLT-DO)  
6000 Metro Dr., Suite 101  
Baltimore, MD 21215  
Tel: 410-779-5455  
ORABLTFAR@fda.hhs.gov
- Denver District (DEN-DO)  
Denver Federal Center, Bldg 20  
6th Avenue & Kipling Streets  
PO Box 25087  
Denver, CO 80225-0087  
Tel: 303-236-3097  
ORADENFAR@fda.hhs.gov
- San Francisco District (SAN-DO)  
1431 Harbor Bay Parkway  
Alameda, CA 94502-7070  
Tel: 510-337-6790  
ORASANFAR@fda.hhs.gov
- New Jersey District (NWJ-DO)  
Waterview Corporate Center  
10 Waterview Blvd., 3rd Floor  
Parsippany, NJ 07054  
Tel: 973-331-4900  
ORANWJFAR@fda.hhs.gov
- Florida District (FLA-DO)  
555 Winderley Place Suite 200  
Maitland, FL 32751  
Tel: 407-475-4700  
ORAFLAFAR@fda.hhs.gov
- Seattle District (SEA-DO)  
22215 26th Ave SE  
Suite 210  
Bothell WA 98021  
Tel: 425-302-0435  
ORASEAFAR@fda.hhs.gov
- Cincinnati District (CIN-DO)  
6751 Steger Dr.  
Cincinnati, OH 45237-3097  
Tel: 513-679-2700  
ORACINFAR@fda.hhs.gov
- San Juan District (SJN-DO)  
466 Fernandez Juncos Ave.  
San Juan, PR 00901-3223  
Tel: 787-474-9500  
ORASJNFAR@fda.hhs.gov
- Los Angeles District (LOS-DO)  
19701 Fairchild  
Irvine, CA 92612-2506  
Tel: 949-608-2900  
ORALOSFAR@fda.hhs.gov
- Chicago District (CHI-DO)  
550 W. Jackson Blvd.  
15th Floor  
Chicago, IL 60661  
Tel: 312-353-5863  
ORACHIFAR@fda.hhs.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Food and Drug Administration  
**NDA-FIELD ALERT**

To: (Name and Address of District, per page ii selection)

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revised layout design.

Type of Report (Select all that apply)

**MANDATORY**

Initial

Follow-up

Final

In accordance with Section 314.81(b)(1)(i) and (ii) of the New Drug Application Regulations (21 CFR 314) promulgated under the Federal Food, Drug and Cosmetic Act, as amended, the following information is herewith submitted:

1. Firm Name and Address Where Problem Occurred

Firm Name

Address (Street address, P.O. box, company name c/o)

City

State/Province/Region

Country

ZIP or Postal Code

2. DUNS/FEI Number (Fill out both numbers if known.)

DUNS Number

Up to 15 characters, alpha-numeric

FEI Number

Up to 15 characters, alpha-numeric

Put DUNS # first and FEI second, to be consistent with the order shown in #2 text label, but will switch if you confirm you really want FEI to be first.

3. NDA/ANDA /Other Number (Select only one number type. If NDA or ANDA selected, then also fill in Number entry; skip Number if Other.)

NDA

ANDA

Other

Number: \_\_\_\_\_

4. NDC Number(s) (If more than one NDC number, separate with semi-colons.)

5. Generic Name of Drug Product

6. Trade/Brand Name (if any) of Drug Product

7.a. Dosage Form

7.b. Dosage Strength and Package Size (If more than one dosage strength & package size, separate with semi-colons.)

8. Lot Number(s) and Expiration Date(s) (If more than one lot number and expiration date, separate with semi-colons.)

9. Date when notified about problem(s) or when problem(s) first became known to application holder

10. How was problem discovered?

11. State Problem(s)

PROOF

12. Describe Root Cause(s) of Problem(s)

13. Describe Corrective Action(s) Taken (if any) to Prevent Recurrence of Problem(s)

14. Remarks

**NOTE:** Separate tables and graphs may be attached if desired.

### REPORTING ESTABLISHMENT

|  |  |                               |  |  |  |
|--|--|-------------------------------|--|--|--|
| Name and Mailing Address                             |  |                               |  | DUNS/FEI Number (Fill out both numbers if known.)  |  |
| Reporting Establishment Name                         |  |                               |  | DUNS Number  |  |
| Address (Street address, P.O. box, company name c/o) |  |                               |  | Up to 15 characters, alpha-numeric   |  |
| City   |  | State (or Province or Region) |  | FEI Number   |  |
|  |  |                               |  | Up to 15 characters, alpha-numeric   |  |
| Country  |  | ZIP (or Postal) Code          |  | <b>To be consistent with 2014 version, it will be mandatory on the final fillable file to include at least one of the above numbers.</b> |  |

|   |  |                                      |  |
|---|--|--------------------------------------|--|
| Name and Title of Authorized Representative |  | Telephone Number (Include area code) |  |
|   |  |                                      |  |
|   |  | Email Address                        |  |
|   |  |                                      |  |

|                |  |
|----------------|--|
| Date Submitted |  |
|                |  |

**The information below applies only to requirements of the Paperwork Reduction Act of 1995.**

The burden time for this collection of information is estimated to average 8 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the address to the right:

Department of Health and Human Services  
Food and Drug Administration  
Office of Chief Information Officer  
Paperwork Reduction Act (PRA) Staff  
[PRASStaff@fda.hhs.gov](mailto:PRASStaff@fda.hhs.gov)

*"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 number."*

**DO NOT SEND YOUR COMPLETED FORM TO THIS PRA STAFF EMAIL ADDRESS.**