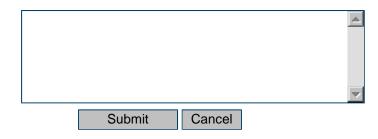
Med	icalCountermeasures.	JDV	Search: G		
		equest Meeting My Account			
About Us	Submit Therapeutic Product Information				
Help	 Would you like to meet with a federal agency regarding a therapeutic product that you are developing? If you submit some basic information on that product, we will evaluate 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. 				
Contact Us					
Logout					
A field with an asterisk (*) before it is a required field					
	Requestor Phone				
	Company URL				
	Product Name				
	*Category of Threat Agent	Chemical <			
	Specific Threat Agent (choose		Uncheck All		
	all that apply)	Biotoxins	Metals		
		Blister Agents/Vesicants	Nerve Agents		
		Blood Agents	Corganic Solvents		
		Caustics (Acids)	Riot Control Agents/Tear Gas		
		Choking/Lung/Pulmonary Ager	nts 🗌 Toxic Alcohols		
		Incapacitating Agents	Vomiting Agents		
	'	Long-Acting Anticoagulants	Other (Please Specify)		

Tashaslam, Daadhaasa Lawal		
Technology Readiness Level	Technology Readiness Lev	vel Descriptions
Proposed Indication for Use	Check All	Uncheck All
(Check all that apply)	Pre-Exposure Prophylaxis	Mitigation Agent
	Post-Exposure Prophylaxis	Other (Please Specify)
	Therapeutic	
Route of Administration	Check All	Uncheck All
	Intravenous	Oral
	Intramuscular Injection	Subcutaneous
	"Needle-Free" Injection	Transdermal
	🗆 Intranasal	C Other (Please Specify)
Number of Doses Required for		
Efficacy or per		
Product Stability	Years Months	
Temperature at which product is stable (please indicate range)		
Upload Documents	Upload Documents	
opioau Documents	Refresh Documents	
*Does your submission include		
proprietary, confidential, or trade secret information?		
Please select those federal	Check All	Uncheck All
entities that you would be	HHS/BARDA	
interested in potentially meeting		
with. Please do not select an entity in which you are currently	HHS/CDC	HHS/NIH
competing for a contract under		
as active solicitation issued in		
accordance with the Federal Acquisition Regulation.		
Comments		



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