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### Submit Therapeutic Product Information

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.

**A field with an asterisk (\*) before it is a required field**

Requestor Phone --

Company URL

Product Name

\*Category of Threat Agent

Specific Threat Agent (choose [Check All](#) all that apply)

[Uncheck All](#)

- |  |   |
|--|---|
| <input type="checkbox"/> Biotoxins                     | <input type="checkbox"/> Metals                       |
| <input type="checkbox"/> Blister Agents/Vesicants      | <input type="checkbox"/> Nerve Agents                 |
| <input type="checkbox"/> Blood Agents                  | <input type="checkbox"/> Organic Solvents             |
| <input type="checkbox"/> Caustics (Acids)              | <input type="checkbox"/> Riot Control Agents/Tear Gas |
| <input type="checkbox"/> Choking/Lung/Pulmonary Agents | <input type="checkbox"/> Toxic Alcohols               |
| <input type="checkbox"/> Incapacitating Agents         | <input type="checkbox"/> Vomiting Agents              |
| <input type="checkbox"/> Long-Acting Anticoagulants    | <input type="checkbox"/> Other (Please Specify)       |

Technology Readiness Level  [Technology Readiness Level Descriptions](#)

Proposed Indication for Use [Check All](#)

(Check all that apply)

- Pre-Exposure Prophylaxis
- Post-Exposure Prophylaxis
- Therapeutic

[Uncheck All](#)

- Mitigation Agent
  - Other (Please Specify)
- 

Route of Administration [Check All](#)

- Intravenous
- Intramuscular Injection
- "Needle-Free" Injection
- Intranasal

[Uncheck All](#)

- Oral
  - Subcutaneous
  - Transdermal
  - 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](#)  
[Refresh Documents](#)

\*Does your submission include proprietary, confidential, or trade secret information?  No  Yes

Please select those federal entities that you would be interested in potentially meeting with. Please do not select an entity in which you are currently competing for a contract under as active solicitation issued in accordance with the Federal Acquisition Regulation.

- [Check All](#)
- HHS/BARDA
  - HHS/CDC

- [Uncheck All](#)
- HHS/FDA
  - HHS/NIH

Comments

Submit

Cancel

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