

Appendix V: PAS Inquiry System

Questionnaire Webform Screenshot

PRA Statement

OMB Control No. 0910-0697

Expiration Date: 12/31/2020

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control for this information collection is 0910-0697 and the expiration date is 12/31/2020. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestion for reducing burden to PRASStaff@fda.hhs.gov.

Your participation/nonparticipation is completely voluntary, and your responses will not have an effect on your eligibility for receipt of any FDA services. In instances where respondent identity is needed (e.g., for follow-up of non-responders), this information collection fully complies with all aspects of the Privacy Act and data will be kept secure to the fullest extent allowed by law.

EXHIBIT 1: SCREENSHOT OF QUESTIONNAIRE WEBFORM

U.S. Department of Health and Human Services

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This form is intended for use by patients, caregivers, patient advocates, patient groups, **healthcare professionals**, and academicians. This form should not be used by Industry stakeholders. To submit your question or request a meeting please complete the form below and click "Submit".

Name:

Enter Requester Name

Name of Group (if applicable):

Patient Type

Individual Patient, Caregiver or Advocate Patient Group **Healthcare Professional** Academician Other

Ask a Question or Request a Meeting

Ask a Question Request a Meeting

Product Type

Medical Device Drug Biologic None/Unknown

Select a Program, if known: TBD

Name of Disease or Condition:

Tell us about your question or meeting request (e.g. purpose, agenda, attendees, timeline, etc.)

Enter Description

How may we contact you (e-mail, phone, or either):

Email

Email address (required):

Enter email

We'll never share your email.

Contact Information

Technical assistance: Assistance@fda.hhs.gov

Note: Meetings are not intended to establish binding agreements pertaining to drug development programs or to discuss proprietary information pertaining to specific drug development programs under FDA review.

FDA 4002

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