

# 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](mailto: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](mailto: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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