FDA Adverse Event Reporting; Electronic Submissions

OMB Control No. 0910-0645

SUPPORTING STATEMENT

A. Justification

1. Circumstances Making the Collection of Information Necessary

The FDA Safety Reporting Portal (the SRP) and the Electronic Submission Gateway (ESG) are the agency's electronic systems for collecting, submitting, and processing adverse event reports, product problem reports, and other safety information for FDA-regulated products. To ensure the safety and identify any risks, harms, or other dangers to health for all FDA-regulated human and animal products, the agency needs to be informed whenever an adverse event, product quality problem, or product use error occurs. This risk identification process is the first necessary step that allows the agency to gather the information necessary to be able to evaluate the risk associated with the product and take whatever action is necessary to mitigate or eliminate the public's exposure to the risk.

Some adverse event reports are required to be submitted to FDA (mandatory reporting) and some adverse event reports are submitted voluntarily (voluntary reporting). Requirements regarding mandatory reporting of adverse events or product problems have been codified in 21 CFR parts 310, 314, 514, 600, 803 and 1271, specifically §§ 310.305, 314.80, 314.98, 314.540, 514.80, 600.80, 803.30, 803.40,803.50, 803.53, 803.56 and 1271.350(a) (21 CFR 310.305, 314.80, 314.98, 314.540, 514.80, 600.80, 803.30, 803.40,803.50, 803.53, 803.56 and 1271.350(a)). While adverse event reports submitted to FDA in paper format using FDA Forms FDA 3500, 3500A, 1932, and 1932a, are approved under OMB control numbers 0910-0284 and 0910-0291, this information collection request concerns adverse event reports filed electronically via the SRP and the ESG, and currently approved under OMB control number 0910-0645.

We request the extension of OMB approval for the following collection of information requirements and four rational questionnaires (RQs) available as variations of Form FDA 3800:

21 CFR 310.305, 314.80, 314.98, 314.540, 514.80, 600.80, 803.30, 803.40, 803.50, 803.53, 803.56 and 1271.350(a) -- Reporting

Requires submission of an adverse event report to FDA, sets forth the information that the report is required to contain, the method of submission of the report, and the time within which the report must be submitted.

The FDA Safety Reporting Portal Rational Questionnaires:

FDA currently accepts several types of adverse event reports electronically via the SRP using RQs. We are revising the collection with regard to the RQs for dietary supplements; the RQ for tobacco products; a new RQ that will be used for a new safety reporting program for clinical trials and/or investigational use by the Center for Tobacco Products (CTP); and new RQs that will be used for food, infant formula, and cosmetic adverse event reports.

A. Reportable Food Registry Reports - **Unchanged**

The Food and Drug Administration Amendments Act of 2007 (Pub. L. 110–085) (FDAAA) amended the Federal Food, Drug, and Cosmetic Act (the FD&C Act) by creating section 417 (21 U.S.C. 350f), Reportable Food Registry (RFR or the Registry). Section 417 of the FD&C Act defines "reportable food" as an "article of food (other than infant formula or dietary supplements) for which there is a reasonable probability that the use of, or exposure to, such article of food will cause serious adverse health consequences or death to humans or animals." (See section 417(a)(2) of the FD&C Act). The Secretary of Health and Human Services (the Secretary) has delegated to the Commissioner of FDA the responsibility for administering the FD&C Act, including section 417. The Congressionally identified purpose of the RFR is to provide "a reliable mechanism to track patterns of adulteration in food [which] would support efforts by [FDA] to target limited inspection resources to protect the public health" (121 Stat. 965). We designed the RFR report RQ to enable FDA to quickly identify, track, and remove from commerce an article of food (other than infant formula and dietary supplements) for which there is a reasonable probability that the use of, or exposure to, such article of food will cause serious adverse health consequences or death to humans or animals. FDA's Center for Food Safety and Applied Nutrition (CFSAN) uses the information collected to help ensure that such products are quickly and efficiently removed from the market to prevent foodborne illnesses. The data elements for RFR reports remain unchanged in this request for extension of OMB approval.

B. Reports Concerning Experience With Approved New Animal Drugs - **Unchanged**

Section 512(l) of the FD&C Act (21 U.S.C. 360b(l)) and § 514.80(b) of FDA's regulations (21 CFR 514.80) require applicants of approved new animal drug applications (NADAs) and approved abbreviated new animal drug applications (ANADAs) to report adverse drug experiences and product/ manufacturing defects to the Center for Veterinary Medicine (CVM). This continuous monitoring of approved NADAs and ANADAs affords the primary means by which FDA obtains information regarding potential problems with the safety and efficacy of marketed approved new animal drugs as well as potential product/manufacturing problems. Post-approval marketing surveillance is important because data previously submitted to FDA may no longer be adequate, as animal drug effects can change over time and less apparent effects may take years to manifest.

If an applicant must report adverse drug experiences and product/ manufacturing defects and chooses to do so using the agency's paper forms, the applicant is required to use Form FDA 1932, "Veterinary Adverse Drug Reaction, Lack of Effectiveness, Product Defect Report." Periodic drug experience reports and special drug experience reports must be accompanied by a completed Form FDA 2301, "Transmittal of Periodic Reports and Promotional Material for New Animal Drugs" (see § 514.80(d)). Form FDA 1932a, "Veterinary Adverse Drug Reaction, Lack of Effectiveness or Product Defect Report" allows for voluntary reporting of adverse drug experiences or product/manufacturing defects by veterinarians and the general public. Collection of information using existing paper forms FDA 2301, 1932, and 1932a is approved under OMB control number 0910–0284.

Alternatively, an applicant may choose to report adverse drug experiences and product/manufacturing defects electronically. The electronic submission data elements to report adverse drug experiences and product/manufacturing defects electronically remain unchanged in this request for extension of OMB approval.

C. Animal Food Adverse Event and Product Problem Reports - **Unchanged**

Section 1002(b) of FDAAA directed the Secretary to establish an early warning and surveillance system to identify adulteration of the pet food supply and outbreaks of illness associated with pet food. As part of the effort to fulfill that directive, the Secretary tasked FDA with developing the instrument that would allow consumers to report voluntarily adverse events associated with pet food. We developed the Pet Food Early Warning System RQ as a user-friendly data collection tool, to make it easy for the public to report a safety problem with pet food. Subsequently, we developed a questionnaire for collecting voluntary adverse event reports associated with livestock food from interested parties such as livestock owners, managers, veterinary staff or other professionals, and concerned citizens. Information collected in these voluntary adverse event reports contribute to CVM's ability to identify adulteration of the livestock food supply and outbreaks of illness associated with livestock food. The Pet Food Early Warning System and the Livestock Food Reports are designed to identify adulteration of the animal food supply and outbreaks of illness associated with animal food to enable us to quickly identify, track, and remove from commerce such articles of food. We use the information collected to help ensure that such products are quickly and efficiently removed from the market to prevent foodborne illnesses. The electronic submission data elements to report adverse events associated with animal food remain unchanged in this request for extension of OMB approval.

D. Voluntary Tobacco Product Adverse Event and Product Problem Reports – **Revision; New RQ**

As noted above, we are making certain revisions to the collection, including (1) a revision to the existing RQ utilized by consumers and concerned citizens to report tobacco product adverse event or product problems, and (2) a proposed new RQ that will be used for a new safety reporting program for clinical trials and/or investigational use by CTP.

FDA has broad legal authority under the FD&C Act to protect the public health, including protecting Americans from tobacco-related death and disease by regulating the manufacture, distribution, and marketing of tobacco products and by educating the public, especially young people, about tobacco products and the dangers their use poses to themselves and others. The Family Smoking Prevention and Tobacco Control Act of 2009 (Pub. L. 111–31) (Tobacco Control Act) amended the FD&C Act by creating a new section 909 (21 U.S.C. 387i, Records and Reports on Tobacco Products). Section 909(a) of the FD&C Act (21 U.S.C. 387i(a)) authorizes FDA to establish regulations with respect to mandatory adverse event reports associated with the use of a tobacco product. At this time, FDA collects voluntary adverse event reports associated with the use of tobacco products from interested parties such as health care providers, researchers, consumers, and other users of tobacco products. Information collected in voluntary adverse event reports will contribute to CTP's ability to be informed of, and assess the real consequences of, tobacco product use.

The need for this collection of information derives from our objective to obtain current, timely, and policy-relevant information to carry out our statutory functions. The FDA Commissioner is authorized to undertake this collection as specified in section 1003(d)(2) of the FD&C Act (21 U.S.C. 393(d)(2)).

FDA's CTP has been receiving adverse event and product problem reports through the Safety Reporting Portal since January 2014, when the Safety Reporting Portal for tobacco products first became available to the public. CTP also receives adverse event and product problem reports via paper forms, as approved under OMB control number 0910-0291. The original questionnaire evolved with input from a National Institutes of Health team of human-factors experts, from other regulatory agencies, and with extensive input from consumer advocacy groups and the general public. The revised CTP questionnaire along with the proposed new Investigator questionnaire build on the foundation of the original RQ to make the report's data more useful, analyzable, and specific. The changes from the original to the new questionnaire are made in an effort to make the questions more understandable and specific. In some instances, alterations were made to the list of values to choose from by the end user in order to include values more pertinent to CTP's current and future data collection needs. In other instances, questions were added that will provide FDA with more specific, analyzable information. In still other instances, questions were removed altogether in an effort to streamline the questionnaire and make it more user-friendly. All changes were made with the goal of providing FDA more pertinent information while minimizing the burden on the reporter. Finally, we note that users who are unable to submit reports using the electronic system will still be able to provide their information by paper form (by mail or fax) or telephone.

The new RQ will be used by tobacco product investigators in clinical trials with investigational tobacco products. In addition to the information collected by the existing RQ for tobacco products, the new RQ will collect identifying information specific to the clinical trial or investigational product such as clinical protocol numbers or other identifying features to pinpoint under which test or protocol the adverse event occurred.

Both CTP voluntary will capture tobacco-specific adverse event and product problem information from voluntary reporting entities such as health care providers, researchers, consumers, and other users of tobacco products. To carry out its responsibilities, FDA needs to be informed when an adverse event, product problem, or error with use is suspected or identified. When FDA receives tobacco-specific adverse event and product problem information, it will use the information to assess and evaluate the risk associated with the product, and then FDA will take whatever action is necessary to reduce, mitigate, or eliminate the public's exposure to the risk through regulatory and public health interventions.

E. Dietary Supplement Adverse Event Reports– **Revision**

The Dietary Supplement and Nonprescription Drug Consumer Protection Act (DSNDCPA) (Pub. L. 109–462, 120 Stat. 3469) amended the FD&C Act with respect to serious adverse event reporting and recordkeeping for dietary supplements and nonprescription drugs marketed without an approved application. Section 761(b)(1) of the FD&C Act (21 U.S.C. 379aa–1(b)(1)) requires the manufacturer, packer, or distributor whose name (under section 403(e)(1) of the FD&C Act (21 U.S.C. 343(e)(1)) appears on the label of a dietary supplement marketed in the United States to submit to FDA all serious adverse event reports associated with the use of a dietary supplement, accompanied by a copy of the product label. The manufacturer, packer, or distributor of a dietary supplement is required by the DSNDCPA to use the MedWatch form (Form FDA 3500A) when submitting a serious adverse event report to FDA. In addition, under section 761(c)(2) of the FD&C Act, the submitter of the serious adverse event report (referred to in the statute as the

"responsible person") is required to submit to FDA a follow-up report of any related new medical information the responsible person receives within 1 year of the initial report.

As required by section 3(d)(3) of the DSNDCPA, FDA issued guidance to describe the minimum data elements for serious adverse event reports for dietary supplements. The guidance document entitled "*Guidance for Industry: Questions and Answers Regarding Adverse Event Reporting and Recordkeeping for Dietary Supplements as Required by the Dietary Supplement and Nonprescription Drug Consumer Protection Act,*" discusses how, when, and where to submit serious adverse event reports for dietary supplements and follow-up reports. The guidance also provides FDA's recommendation on records maintenance and access for serious and non-serious adverse event reports and related documents.

Reporting of serious adverse events for dietary supplements to FDA serves as an early warning sign of potential public health issues associated with such products. Without notification of all serious adverse events associated with dietary supplements, FDA would be unable to investigate and follow up promptly, which in turn could cause delays in alerting the public when safety problems are found. In addition, the information received provides a reliable mechanism to track patterns of adulteration in food that supports efforts by FDA to target limited inspection resources to protect the public health. FDA uses the information collected to help ensure that such products are quickly and efficiently removed from the market to prevent foodborne illnesses.

Paper mandatory dietary supplement adverse event reports are submitted to FDA on the MedWatch form, Form FDA 3500A, and paper voluntary reports are submitted on Form FDA 3500. Forms FDA 3500 and 3500A are available as fillable pdf forms. Dietary supplement adverse event reports may be electronically submitted to the agency via the SRP. This method of submission is voluntary. A manufacturer, packer, or distributor of a dietary supplement who is unable to or chooses not to submit reports using the electronic system will still be able to provide their information by paper MedWatch form, Form FDA 3500A (by mail or fax). There is no change to the mandatory information previously required on the MedWatch form. CFSAN is making available the option to submit the same information via electronic means. However, we are adding a new voluntary question on the mandatory report RQ and a new voluntary question on the voluntary report RQ. The text of the new questions is provided in table 1. Finally, we are changing the following data elements from a text box method of response to an individual question and answer method: Race and known allergies.

Table 1. – Proposed New Questions on the Dietary Supplement Rational Questionnaire

Text of new question	**Is response mandatory or voluntary?**
Mandatory Report -In the Contact Information section, we propose to add, "Please provide contact information for you, the person who is filling out this report."	Voluntary, and only displayed if the person filling out the report is reporting on behalf of a responsible person, such as a contractor, and has not created an account on the SRP.
Voluntary Report - In the Product Information section, we propose to request the ingredients of the suspect and concomitant product(s), as provided on the label of the product(s).	Voluntary.

The reporting and recordkeeping requirements for dietary supplement adverse event reports and the recommendations of the guidance are approved under OMB control number 0910-0635. Burden hours are also reported under OMB control number 0910-0291 reflecting the submission of dietary supplement adverse event reports on the paper MedWatch form, Form FDA 3500A.

F. Food, Infant Formula, and Cosmetic Adverse Event Reports – **New RQ**

We are planning new RQ functionality that will be used for food, infant formula, and cosmetic adverse event reports. Currently, voluntary adverse event reports for such products are submitted on Form FDA 3500, which is available as a fillable pdf form. However, we have not developed RQs by which these reports may be electronically submitted to us via the SRP. In addition, MedWatch forms, although recently updated with field labels and descriptions to better clarify for reporters the range of reportable products, do not specifically include questions relevant for the analysis of adverse events related to food, infant formula, and cosmetics. The food, infant formula, and cosmetics RQ functionality will operate in a manner similar to the dietary supplement RQ and will include specific questions relevant for the analysis of adverse events related to food, infant formula, and cosmetics.

Table 2. -- New Questions on the Proposed Food, Infant Formula, and Cosmetics Rational Questionnaires for Both Suspect and Concomitant Products

Text of new question	**Is response mandatory or voluntary?**
For food products: "Is this a medical food?" "If so, what was the diagnosis or reason for use?" "How was the product prepared?"	Voluntary.
For infant formula products: "What form of the product was used: Concentrate, powder or ready to serve?" Is this a specialized infant formula?" "If so, what was the diagnosis or reason for use?" "How was the product prepared?" "What type of water was used to prepare the formula?"	Voluntary.
For cosmetic products: "Do you have existing skin conditions?" "How soon did symptoms develop after using the product? "Did the intensity of the reaction get worse with time? "Where did the reaction develop?" "What treatments were sought for this adverse event?" "What ingredient do you suspect caused the adverse event?" "Has the problem resolved?" "Does the product label contain a warning or caution statement?"	Voluntary.

2. Purpose and Use of the Information Collection

The information collected is used by FDA to assess potential public health issues, evaluate the risk, if any, associated with the regulated product, and take whatever action is necessary to reduce, mitigate, or eliminate the public's exposure to the risk. In addition, the information received provides a reliable mechanism to track patterns of adulteration in FDA-regulated products and supports efforts by FDA to target limited inspection resources to protect the public health. Without notification of all adverse events associated with products it regulates, FDA would be unable to investigate and follow up promptly, which in turn could cause delays in alerting the public when safety problems are found. The need for this collection of information derives from our objective to obtain current, timely, and policy-relevant information to carry out our statutory functions.

Description of Respondents: Respondents to the collection of information include all persons submitting mandatory or voluntary adverse event reports electronically to FDA via the ESG or the SRP regarding FDA-regulated products. Respondents include, unless otherwise exempt, individuals and households, the private sector (including for-profit businesses, not-for-profit institutions and farms), state local or tribal governments, as well as the Federal government.

3. Use of Improved Information Technology and Burden Reduction

This information collection supports electronic submission of adverse event reports and other safety information submitted via the SRP and ESG to FDA. Thus, one hundred percent (100%) of the respondents will use electronic means to submit the information.

4. Efforts to Identify Duplication and Use of Similar Information

There is no duplication of reporting in this information collection as a result of the mandatory adverse event reporting required by statute or regulation. To the best of FDA's knowledge, no other Federal government agency is engaged in the collection of this information. In the event that we receive a report on a product that is not under FDA's jurisdiction, the report will be forwarded to the as appropriate. For example, adverse event reports submitted for biologic products used for animals will be forwarded to the U.S. Department of Agriculture.

5. Impact on Small Businesses or Other Small Entities

FDA estimates that fifty percent (50%) of respondents are small businesses, however the SRP is available to all users through the Internet, without requiring the use of special software. FDA aids small businesses in complying with its requirements through the agency's Regional Small Business Representatives and through its scientific and administrative staffs. FDA has provided a Small Business Guide on the agency's website at http://www.fda.gov/oc/industry/.

6. Consequences of Collecting the Information Less Frequently

Data collection occurs occasionally. Original adverse event and safety reports are submitted once and cannot, therefore, be collected less frequently.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

Due to the nature of adverse event reporting, this information collection involves more than quarterly submission of information to the agency and written responses to the agency in less than 30 days. The specific reporting timeframes required by statute are summarized below:

Table 3.—Required Timeframes for Submitting Reports	
Name of Report:	Reporting Timeframe:
Reportable Food Registry Reports	Under section 417(d)(1) of the FD&C Act, a responsible party is required to submit a reportable food registry report to FDA as soon as practicable, but in no case later than 24 hours after determining that the food is an "article of food (other than infant formula or dietary supplements) for which there is a reasonable probability that the use of, or exposure to, such article of food will cause serious adverse health consequences or death to humans or animals." (See section 417(a)(2))
Reports Concerning Experience With Approved New Animal Drugs	Pursuant to 21 CFR 514.80(b)(1), the applicant is required to submit product and manufacturing defects that may result in serious adverse drug events are to be reported within 3 working days of first becoming aware that a defect may exist. Pursuant to 21 CFR 514.80(b)(2)(i)-(ii), the applicant is required to submit initial and follow-up reports within 15 working days. Pursuant to 21 CFR 514.80(b)(3), the non-applicant is required to report adverse drug experiences to the applicant within 3 working days of first receiving the information or if reported to FDA within 15 working days.
Animal Food Adverse Event and Product Problem Reports	These are voluntary reports. There is no required timeframe for submission.
Voluntary Tobacco Product Adverse Event and Product Problem Reports and Investigator Reports	These are voluntary reports. There is no required timeframe for submission.
Dietary Supplement Adverse Event Reports	Mandatory reports - Serious adverse event reports received through the address or phone number on the label of a dietary supplement, as well as all follow-up reports of new medical information received by the responsible person within one year after the initial report, must be submitted to FDA no later than 15 business days after the report is received by the responsible person. Section 761(c)(1)-(2) of the FD&C Act (21 U.S.C. 379aa-1(c)(1)-(2)). Voluntary reports - There is no required timeframe for submission of a voluntary report.
Food, Infant Formula and Cosmetic Adverse Event Reports	These are voluntary reports. There is no required timeframe for submission.

Short timeframes for reporting are necessary so that FDA is informed as soon as possible of any serious problems with products it regulates. Delayed or less frequent reporting of some serious adverse events to FDA would diminish the effectiveness of adverse event reporting as an early warning sign of possible safety problems with FDA-regulated products. Without notification of all serious adverse events, FDA would be unable to investigate and follow-up promptly, which in turn could cause delays in alerting the public when safety problems are found.

This collection of information does not involve submission of more than an original and 2 copies, the use of statistical methods, pledges of confidentiality by FDA not supported by authority established in statute or regulation, or require the disclosure of trade secrets or other confidential information.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

In accordance with 5 CFR 1320.8(d), in the Federal Register of November 18, 2015 (80 FR 72071) FDA published a 60-day notice requesting public comment on the proposed revision of this information collection. No comments were received.

9. Explanation of Any Payment or Gift to Respondents

FDA does not provide any payments or gifts to respondents.

10. Assurance of Confidentiality Provided to Respondents

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. [DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES, *45 CFR 164.512(b)*] The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:

- Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
- Tracking FDA-regulated products;
- Enabling product recalls, repairs, replacement or look back (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of look back); and
- Conducting post-marketing surveillance.

The "person" subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association.

Release of information submitted to FDA in voluntary adverse experience reports is governed by 21 CFR 20.63(f), which prohibits FDA and a manufacturer in possession of such reports from releasing to the public the names of patients, individual reporters, health care practitioners, hospitals, and any geographic identifiers.

FDA provides no assurance of confidentiality to responsible persons who voluntarily decide, or are required, to submit a RFR report to FDA. Under section 417(h) of the FD&C Act, a record in the Reportable Food Registry is subject to a request under the Freedom of Information Act (FOIA) (5 U.S.C. 552), except that FDA registration numbers are protected from disclosure as provided by section 415(a)(4) of the FD&C Act. In addition, confidential commercial information is protected from disclosure under FOIA under sections 552(a) and (b) (5 U.S.C. 552(a) and (b)), and by part 20

of the agency's regulations (21 CFR part 20). To the extent 21 CFR 20.64 applies, FDA will honor the confidentiality of any data in investigation records compiled for law enforcement purposes.

The RQ and the voluntary paper report forms (e.g., Form FDA 3500, Form FDA 1932a) used by healthcare professionals and consumers to report directly to the FDA informs the reporter that their identity, including self-reporters, will be shared with the manufacturer of the product unless they indicate otherwise during the completion of the RQ report view or checking box G5 on the Form FDA 3500 or the box on the top left on Form FDA 1932a. This limited disclosure will not trigger release of such information under FOIA.

With regard to Reports Concerning Experience with Approved New Animal Drugs, confidentiality of the information submitted under these reporting requirements is protected under 21 CFR 514.11 and under 21 CFR part 20. The unauthorized use or disclosure of trade secrets required in applications is specifically prohibited under Section 310(j) of the Act. Further, under the terms of the Freedom of Information Act, the veterinarian's name, address, and phone number, and the owner's name, etc., reported on Form FDA 1932 cannot be made available to a public request.

11. Justification for Sensitive Questions

This information collection does not contain questions of a sensitive nature (e.g., those regarding sexual behavior and attitudes, religious beliefs, etc).

12. Estimates of Annualized Burden Hours and Costs

12a. Annualized Hour Burden Estimate

FDA estimates the burden of this collection of information as follows:

Table 4.--Estimated Annual Reporting Burden[1]

Activity	FDA Form No.	No. of Respondents	No. of Responses per Respondent	Total Annual Responses	Average Burden per Response	Total Hours
Voluntary Adverse Event Report via the SRP (Other than RFR Reports).	3800	1,786	1	1,786	0.6 (36 minutes)	1,072
Mandatory Adverse Event Report via the SRP (Other than RFR Reports).	3800	636	1	636	1	636
Mandatory Adverse Event Report via the ESG (Gateway-to-Gateway transmission).	3800	1,864,035	1	1,864,035	0.6 (36 minutes)	1,118,421
Mandatory and Voluntary RFR Reports via the SRP.	3800	1,200	1	1,200	0.6 (36 minutes)	720
Total						1,120,849

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

The agency's estimate of the number of respondents and the total annual responses in table 4, Estimated Annual Reporting Burden, is based on mandatory and voluntary adverse event reports electronically submitted to the agency. The estimated total annual responses are based on initial

reports. Follow-up reports, if any, are not counted as new reports. Based on its experience with adverse event reporting, FDA estimates it takes a respondent 0.6 hour to submit a voluntary adverse event report via the SRP, 1 hour to submit a mandatory adverse event report via the SRP, and 0.6 hour to submit a mandatory adverse event report via the ESG (gateway-to-gateway transmission). Both mandatory and voluntary RFR reports must be submitted via the SRP. FDA estimates it takes a respondent 0.6 hour to submit a RFR report, whether the submission is mandatory or voluntary.

Voluntary adverse event reports submitted via the SRP (other than RFR Reports) include reports associated with pet food (the Pet Food Early Warning System) and the new tobacco product adverse event and product problem reports.

Mandatory adverse event reports submitted via the SRP (other than RFR Reports) include reports of adverse animal drug experiences and product/manufacturing defects associated with approved NADAs and ANADAs.

Adverse event reports submitted via the ESG include reports of adverse experiences related to drugs, biological products, and medical devices, as well as, adverse animal drug experiences and product/manufacturing defects associated with approved NADAs and ANADAs.

Burden associated with paper FDA reporting forms (Forms FDA 3500, 3500A, 1932, and 1932a) is reported under OMB control numbers 0910-0284 and 0910-0291. While FDA does not charge for the use of the ESG, FDA requires respondents to obtain a public key infrastructure certificate in order to set up the account. This can be obtained in-house or outsourced by purchasing a public key certificate that is valid for 1 year to 3 years. The certificate typically costs from $20 to $30.

12b. Annualized Cost Burden Estimate

The annual hour cost burden to respondents is approximately $82,046,146 per year. FDA estimates that the average hourly wage for the employee preparing and submitting the report would be equivalent to a GS-12/Step-1 level in the locality pay area of Washington-Baltimore in 2015, approximately $36.60/hour. Doubling this wage to account for overhead costs, FDA estimates the average hourly cost to respondents to be $73.20/hour. Thus, the overall estimated cost incurred by the respondents is $82,046,146 (1,120,849 burden hours x $73.20/hr = $82,046,146).

13. Estimates of Other Total Annual Costs to Respondents and/or Recordkeepers/Capital Costs

There are no capital, start-up, operating or maintenance costs associated with this information collection.

14. Annualized Cost to the Federal Government

FDA's internal assessment estimates that the cost for processing an electronic submission is $19.00 per report. The total annual responses (table 4) are estimated at 1,867,657 reports per year. Thus, $19.00 x 1,867,657 reports = $35,485,483 per year.

15. Explanation for Program Changes or Adjustments

The collection of information reflects revisions and adjustments, as explained below.

IC#1: This collection represents voluntary reporting using electronic FDA Form 3800 via the Safety Reporting Portal. We have increased our estimate by **273** responses and **164** hours to reflect additional reporting for Foods RQ, Infant Formula RQ, and tobacco product investigators RQ.

IC#2: This collection represents mandatory reporting using electronic FDA Form 3800 via the Safety Reporting Portal. This collection remains unchanged.

IC#3: This collection represents mandatory reporting using electronic FDA Form 3800 via the Electronic Submission Gateway. We have increased our estimate by **372,807** responses and **223,684** hours as the number of submissions continues to grow. We attribute the increase to the system's ability to more firms utilizing this reporting mechanism.

IC#4: This collection represents mandatory and voluntary reportable food registry (RFR) reports submitted using electronic FDA Form 3800 via the Safety Reporting Portal. This collection remains unchanged.

16. Plans for Tabulation and Publication and Project Time Schedule

No comprehensive statistical reporting, tabulation, or publication of the data are planned. However, we do plan to post redacted, publically available adverse event data on the FDA website that can be used by others for informational and analytic purposes.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

We are not seeking approval to not display the expiration date for OMB approval of the information collection.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.