## **Device Registration and Listing Module**

Form Number: FDA 3673(03/08)

OMB Number: 0910-0625

OMB Expiration Date: xx/xx/20xx

OMB Burden Statement:

Public reporting burden for this collection of information on form FDA 3673 is estimated to be 0.50 hours per response for the purpose of firms annually registering their establishment and 0.25 hours per response for the purpose of firms annually listing their devices. These estimates are based on FDA's experience, data from the device registration and listing database, and our estimates of the time needed to complete other previously required forms.

Send comments regarding this burden estimate or another aspect of this collection of information, including suggestions for reducing this burden to:

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Food and Drug Administration,

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COLE-14526,

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Who Must Pay: A facility that is required to register that manufactures a device for itself or another party, performs contract sterilization for another party, reprocesses single-use devices, or develops specifications for a device that is manufactured by another party must pay the annual registration user fee. For more detailed information about who must pay the fee, please <u>click here</u> .	
Annual Registration (Annual Review of Device Registration and Listing Information)	
View Your Registration and Listing Information	
Change Registration Information for a Facility	
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Cancel, Deactivate, or Reactivate a Facility Registration

Change the Official Correspondent for a Facility

Register a New Medical Device Facility

Create Listings for Medical Devices

Change, Cancel, or Reactivate Listings

Transfer Ownership of Devices or Facilities

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DRLM Device Registration & Listing Module		•
Register Your Facility Get Help ?		
Register a New Facility       Get Help (?)         If you already have a Registration Number or Owner Operator Number, please enter it in the space below and click Search.       If you do not have a Registration Number or Owner Operator Number, click No Existing Registration or OO Number.         Registration Number       OR Owner Operator Number         If an establishment at this address has previously been registered with FDA as a device facility, but you do not know your Registration Number or Owner Operator Number, please send an email to regist@cdth.fda.gov for assistance. Do not create a new registration if a medical device facility has ever been registered at your address.		
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Who Must Pay: A facility that is required to register that manufactures a device for	itself or another party performs	
contract sterilization for another party, reprocesses single-use devices, or develop	ps specifications for a device that	
is manufactured by another party must pay the annual registration user fee. For m who must pay the fee, please click here.	nore detailed information about	
On the next few pages, you will need to enter the business name and address of your facility is located outside of the United States, you will also need to enter info	rmation about your U.S.Agent.	
With the exception of facilities that only act as initial importers of medical devices, for each product that you manufacture or process at your facility.	, you will need to create a listing	
To enter a listing, you will need to identify whether your product is exempt from pre approval.	emarket notification and	
If your product is exempt, you will:		
Identify the appropriate <u>product code(s)</u> Enter the proprietary name(s) under which the product is marketed		
Identify the activities that you perform on or to the product(s)		
If your product is not exempt, you will:		
Enter the premarket submission number(s) associated with your product(s)		
Enter the proprietary name(s) under which the product is marketed Identify the activities that you perform on or to the product(s)		
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Owner/Operator Information			
Contact Name:	David Racine		
Company:	FDA		
Address:	10225 Malvern Court		
Addrood.	Manassas, VA 20110, UNITED STATES		
Telephone:	703-3333333		
Fax:	10000000		
E-mail:	david.racine@fda.hhs.gov		
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Official Correspondent Information	Testsubaccount test		
Contact Name:	Testsubaccount test		
Company:	test		
Address:	20 Main Street,		
	Manassas, VA 20110, UNITED STATES		
Telephone:	240-2760640		
Fax:			
E-mail:	dwr@cdrh.fda.gov		

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Facility Name:*	FDA	
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Address Line 2:		■
Zip Code:*	20110	
City:*	Manassas	
State:*	Virginia	
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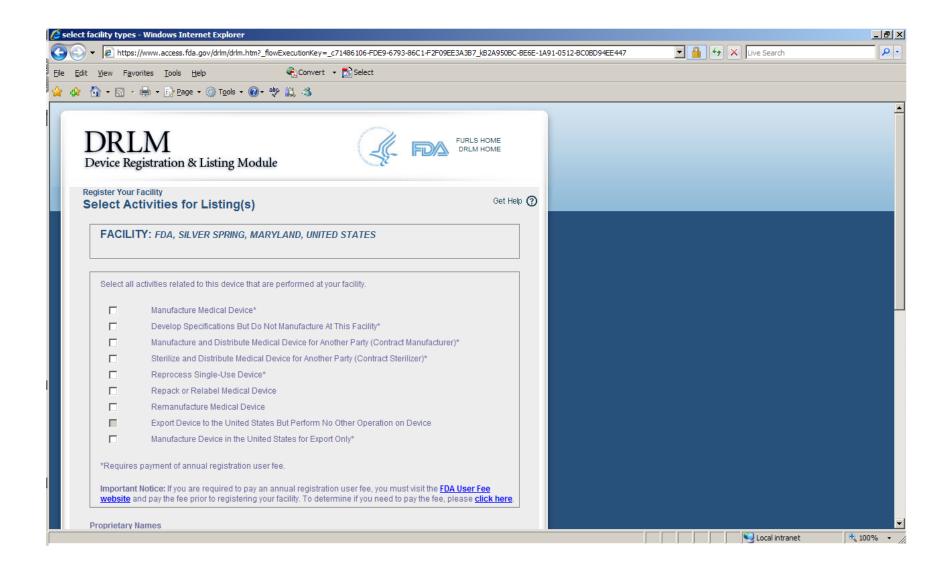
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	For the product you are listing, enter one of the following:			
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	<ul> <li>Product Development Protocol (PDP) number</li> </ul>			
	Humanitarian Device Exemption (HDE) number			
	<ul> <li>Investigational New Drug (IND) number</li> </ul>			
	New Drug Application (NDA) number			
	If you believe the product you are listing falls under enforcement discretion or preamendment, please contact	the		
	CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.			
	If your device is exempt from FDA premarket notification requirements, leave the box empty and click "Continu	ie".		
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Contact Name:	David Gartner		
Company:	FDA		
Address:	10993 New Hampshire Ave.		
	Silver Spring, MARYLAND, 20993, UNITED STATES		
Telephone:	111-111111		
Fax: E-mail:			
E-mail.	david.gartner@fda.hhs.gov		
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