## Attachment III

# Sample Formats — Form FDA 356h

for

Ammonia N 13 Injection Fleudioxyglucose F 18 Injection (FDG F 18) and Sodium Fluoride F 18 Injection

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

### APPLICATION TO MARKET A NEW DRUG, BIOLOGIC OR AN ANTIBIOTIC DRUG FOR HUMAN USE

(Title 21, Code of Federal Regulations, 314 & 601)

Form Approved: OMB No. 0910-0338 Expiration Date: April 30, 2000 See OMB Statement on page 2.

FOR FDA USE ONLY

APPLICATION NUMBER

APPLICANT INFORMATION							
NAME OF APPLICANT				DATE OF SUBMISSION			
TELEPHONE NO. (Include Area Code)				X) Numbe	r (Include Area Code)		
APPLICANT ADDRESS (Number, Street, City, State, Country, ZIP Code or Mail Code, and U.S. License number if previously issued):			AUTHORIZED U.S. AGENT NAME & ADDRESS (Number, Street, City, State, ZIP Code telephone & FAX number) IF APPLICABLE				
PRODUCT DESCRIPTION							
NEW DRUG OR ANTIBIOTIC APPLICATION NUM	BER, OR BIOLOGICS LICENSE A	PPLICA	TION NUMBER	R (If previ	ously issued)		
ESTABLISHED NAME (e.g., Proper name, USP/US	SAN name)	PROPE	DPRIETARY NAME (trade name) IF ANY				
Fludeoxyglucose F 18 Injection							
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NA	AME (If any)				CODE NAME (If any)		
DOSAGE FORM: Sterile, Pyrogen Free Injection	STRENGTHS:mCi/m	L		ROUTE	OF ADMINISTRATION: Intravenous		
<ul> <li>(PROPOSED) INDICATION(S) FOR USE: 1) In positron emission tomography (PET) imaging for assessment of abnormal glucose metabolism to assist in the evaluation of malignancy in patients with known or suspected abnormalities found by other testing modalities, or in patients with an existing diagnoses of cancer.</li> <li>2) In positron emission tomography (PET) imaging in patients with coronary artery disease and left ventricular dysfunction, when used together with myocardial perfusion imaging, for the identification of left ventricular myocardium with residual glucose metabolism and reversible loss of systolic function.</li> <li>3) In positron emission tomography (PET) imaging in patients for the identification of regions of abnormal glucose metabolism associated with foci of epileptic seizures.</li> </ul>							
APPLICATION INFORMATION							
APPLICATION TYPE (check one) INEW DRUG APPLICA	ATION (21 CFR 314.50)	-		ICATION	(ANDA, AADA, 21 CFR 31.94)		
IF AN NDA, IDENTIFY THE APPROPRIATE TYPE	505 (b) (1)	<b>X</b> 505	(b) (2)		507		
IF AN ANDA, OR AADA, IDENTIFY THE REFERENCE LISTED DRUG PRODUCT THAT IS THE BASIS FOR THE SUBMISSION Name of Drug Holder of Approved Application							
TYPE OF SUBMISSION         (check one)         Image: Check one of the second se							
PRESUBMISSION ANNUAL F	REPORT ESTA	BLISHME	NT DESCRIPTIO	N SUPPLEN	MENT SUPAC SUPPLEMENT		
EFFICACY SUPPLEMENT	LABELING SUPPLEMENT	CHE	MISTRY MANUF	ACTURING	AND CONTROLS SUPPLEMENT		
REASON FOR SUBMISSION Complete new application that has never before been submitted							
PROPOSED MARKETING STATUS (check one)	PRESCRIPTION PRODU	CT (Rx)		OVER TH	E COUNTER PRODUCT (OTC)		
NUMBER OF VOLUMES SUBMITTED THIS APPLICATION IS 🗵 PAPER DEPAPER AND ELECTRONIC ELECTRONIC							
ESTABLISHMENT INFORMATION Provide locations of all manufacturing, packaging and control sites for drug substance and drug product (continuation sheets may be used if necessary). Include name, address, contact, telephone number, registration number (CFN), DMF number, and manufacturing steps and/or type of testing (e.g. Final dosage form, Stability testing) conducted at the site. Please indicate whether the site is ready for inspection or, if not, when it will be ready.							
Cross References (list related License Applications, INDs, NDAs, PMAs, 510(k)s, IDEs, BMFs, and DMFs referenced in the current application)							

This application contains the following items: (Check all that apply)						
✓ 1. Index						
✓ 2. Labeling (check one) IM Draft Labeling □ Final Printed Labeling						
<ul> <li>✓ 3. Summary (21 CFR 314.50(c))</li> </ul>						
✓ 4. Chemistry section						
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7. Clinical Microbiology (e.g. 21 CFR 314.50 (d) (4))						
* 8. Clinical data section (e.g. 21 CFR 314.50 (d) (5), 21 CFR 601.2)						
* 9. Safety update report (e.g. 21 CFR 314.50 (d) (5) (vi) (b), 21 CFR 601.2)						
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14. A patent certification w ith respect to any patent which claims the drug (21 U.S.C.355 (b) (2) or (j) (2) (A)						
15. Establishment description (21 CFR Part 600, if applicable)						
✓ 16. Debarment certification (FD&C Act 306 (k) (1))						
✓ 17. Field copy certification (21 CFR 314.50(k) (3))						
✓ 18. User Fee Cover Sheet (Form FDA 3397)						
Image: 19. OTHER (Specify)       See Attached Sheets [* Reference to Federal Register Notice]         CERTIFICATION						
<ul> <li>I agree to update this application with new safety information about the product that may reasonably affect the statement of contraindications, warnings, precautions, or adverse reactions in the draft labeling. I agree to submit safety update reports as provided for by regulation or as requested by FDA. If this application is approved, I agree to comply with all applicable laws and regulations that apply to approved applications, including, but not limited to the following: <ol> <li>Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820.</li> <li>Biological establishment standards in 21 CFR Part 600.</li> <li>Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809.</li> <li>In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202.</li> <li>Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12.</li> <li>Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81.</li> <li>Local, state and Federal environmental impact laws.</li> </ol> </li> <li>If this application applies to a drug product that FDA has proposed for scheduling under the Controlled Substances Act I agree not to market the product until the Drug Enforcement Administration makes a final scheduling decision.</li> <li>The data and information in this submission have been review and, to the best of my knowledge are certified to be true and accurate.</li> <li>Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.</li> </ul>						
SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT     TYPED NAME AND TITLE     DATE						
ADDRESS (Street, City, State, and ZIP Code) Telephone Number						
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Public reporting burden for this collection of information is estimated to average 40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:						
DHHS, Reports Clearance OfficerAn agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.200 Independence Avenue, S.W. Washington, DC 20201SW.						
Please <b>DO NOT RETURN</b> this form to this address.						

FORM FDA 356h (7/97)

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION

### APPLICATION TO MARKET A NEW DRUG, BIOLOGIC OR AN ANTIBIOTIC DRUG FOR HUMAN USE

Form Approved: OMB No. 0910-0338 Expiration Date: April 30, 2000 See OMB Statement on page 2.

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(Title 21, Code of Federal Re	egulations, 314 & 601)
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PRODUCT DESCRIPTION							
NEW DRUG OR ANTIBIOTIC APPLICATION NUM	BER, OR BIOLO	GICS LICENSE APPLI	CATION NUMBEI	R (If previ	ously issued)		
ESTABLISHED NAME (e.g., Proper name, USP/U	SAN name)	PRO	OPRIETARY NAM	IE (trade n	ame) IF ANY		
Sodium Fluoride F 18 Injection							
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT N	AME (If any)				CODE NAME (If any)		
DOSAGE FORM: Sterile, Pyrogen Free Injection	STRENGTHS:	mCi/mL		ROUTE	OF ADMINISTRATION: Intrav	enous	
APPLICATION INFORMATION APPLICATION TYPE							
(check one) 🛛 NEW DRUG APPLIC		314.50) ∐ ABE		LICATION	(ANDA, AADA, 21 CFR 31.94)		
IF AN NDA, IDENTIFY THE APPROPRIATE TYPE	505 (b) (1	1) 💌 :	505 (b) (2)		507		
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TYPE OF SUBMISSION (check one)		AMENDMENT TO A PEN	DING APPLICATION	N			
PRESUBMISSION ANNUAL	REPORT	—	MENT DESCRIPTIC		_		
EFFICACY SUPPLEMENT	LABELING SUPPLE	EMENT C	HEMISTRY MANUF	ACTURING	AND CONTROLS SUPPLEMENT	OTHER	
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Ammonia N 13 Injection								
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NA	ME (If any)		CODE NAME (If any)					
DOSAGE FORM: Sterile, Pyrogen Free Injection	STRENGTHS:mCi/m	ıL		ROUTE	of administration: <b>Intravenous</b>			
(PROPOSED) INDICATION(S) FOR USE: For positron emission tomographic (PET) imaging of the myocardium under rest or pharmacologic stress conditions to evaluate myocardial perfusion in patients with suspected or existing coronary artery disease.								
APPLICATION INFORMATION								
APPLICATION TYPE (check one) IN NEW DRUG APPLICATION (21 CFR 314.50) ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 31.94) BIOLOGICS LICENSE APPLICATION (21 CFR part 601)								
IF AN NDA, IDENTIFY THE APPROPRIATE TYPE	505 (b) (1)		, 05 (b) (2)		507			
IF AN ANDA, OR AADA, IDENTIFY THE REFEREN Name of Drug	_ ()()	IAT IS	THE BASIS FC					
TYPE OF SUBMISSION         (check one)         Image: Constraint of the second s		A PEND	DING APPLICATIO	N	RESUBMISSION			
PRESUBMISSION ANNUAL F	REPORT ESTA	BLISHN	MENT DESCRIPTION	ON SUPPLEN	IENT SUPAC SUPPLEMENT			
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*					314.50 (d) (2), 21 CFR	601.2)		
*					FR 314.50 (d) (3), 21 (	· · · · · · · · · · · · · · · · · · ·		
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_		nent description (2						
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✓ ✓		Cover Sheet (Forr	,	Deference to Fr	daral Dagistar Nation	1		
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l agree warning request	to update this a gs, precautions, ed by FDA. If t	or adverse reaction	ons in the draft lat opproved, I agree	eling. I agree to	submit safety update re	ly affect the statement of c ports as provided for by re gulations that apply to app	gulation or as	
		ring practice regul			<del>)6, and/or 82</del> 0.			
		shment standards ons in 21 CFR 201						
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	•	ISIBLE OFFICIAL O	-	TYPED NAME AN	•		DATE	
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instructi	ons, searching ion. Send com	existing data s	ources, gatherin	g and maintain	ing the data needed	per response, including , and completing review of information, including s	ing the collection of	
Paperw Hubert I 200 Ind		oject (0910-0338) Iding, Room 531-H		person is r	y may not conduct or not required to respond t unless it displays a cur nber.	o, a collection of		
Please	DO NOT RETUR	<b>N</b> this form to this a	ddress.					

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