

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**

This application contains the following items: <i>(Check all that apply)</i>		
✓	1. Index	
✓	2. Labeling <i>(check one)</i> <input checked="" type="checkbox"/> Draft Labeling <input type="checkbox"/> Final Printed Labeling	
✓	3. Summary (21 CFR 314.50(c))	
✓	4. Chemistry section	
	A. Chemistry, manufacturing, and controls information (e.g. 21 CFR 314.50(d) (1), 21 CFR 601.2)	
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*	10. Statistical section (e.g. 21 CFR 314.50 (d) (6), 21 CFR 601.2)	
*	11. Case report tabulations (e.g. 21 CFR 314.50 (f) (1), 21 CFR 601.2)	
*	12. Case report forms (e.g. 21 CFR 314.50 (f) (2), 21 CFR 601.2)	
✓	13. Patent information on any patent which claims the drug (21 U.S.C. 355 (b) or (c))	
✓	14. A patent certification with 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)	
✓	19. OTHER (Specify) See Attached Sheets [* Reference to Federal Register Notice]	
CERTIFICATION		
<p>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:</p> <ol style="list-style-type: none"> 1. Good manufacturing practice regulations in 21 CFR 210 and 211, 606, and/or 820. 2. Biological establishment standards in 21 CFR Part 600. 3. Labeling regulations in 21 CFR 201, 606, 610, 660 and/or 809. 4. In the case of a prescription drug or biological product, prescription drug advertising regulations in 21 CFR 202. 5. Regulations on making changes in application in 21 CFR 314.70, 314.71, 314.72, 314.97, 314.99, and 601.12. 6. Regulations on Reports in 21 CFR 314.80, 314.81, 600.80 and 600.81. 7. Local, state and Federal environmental impact laws. <p>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.</p> <p>The data and information in this submission have been review and, to the best of my knowledge are certified to be true and accurate.</p> <p>Warning: a willfully false statement is a criminal offense, U.S. Code, title 18, section 1001.</p>		
SIGNATURE OF RESPONSIBLE OFFICIAL OR AGENT		DATE
TYPED NAME AND TITLE		
ADDRESS <i>(Street, City, State, and ZIP Code)</i>		Telephone Number ()
<p>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:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>DHHS, Reports Clearance Officer Paperwork Reduction Project (0910-0338) Hubert H. Humphrey Building, Room 531-H 200 Independence Avenue, S.W. Washington, DC 20201</p> </div> <div style="width: 45%;"> <p>An 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.</p> </div> </div> <p>Please DO NOT RETURN this form to this address.</p>		

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)		FACSIMILE (FAX) Number (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 NUMBER, OR BIOLOGICS LICENSE APPLICATION NUMBER (If previously issued)		
ESTABLISHED NAME (e.g., Proper name, USP/USAN name) Sodium Fluoride F 18 Injection		PROPRIETARY NAME (trade name) IF ANY
CHEMICAL/BIOCHEMICAL/BLOOD PRODUCT NAME (If any)		CODE NAME (If any)
DOSAGE FORM: Sterile, Pyrogen Free Injection	STRENGTHS: _____ mCi/mL	ROUTE OF ADMINISTRATION: Intravenous
(PROPOSED) INDICATION(S) FOR USE: In Positron Emission Tomography for bone imaging agent to define areas of altered osteogenic activity		

APPLICATION INFORMATION		
APPLICATION TYPE (check one) <input checked="" type="checkbox"/> NEW DRUG APPLICATION (21 CFR 314.50) <input type="checkbox"/> ABBREVIATED APPLICATION (ANDA, AADA, 21 CFR 31.94) <input type="checkbox"/> BIOLOGICS LICENSE APPLICATION (21 CFR part 601)		
IF AN NDA, IDENTIFY THE APPROPRIATE TYPE <input type="checkbox"/> 505 (b) (1) <input checked="" type="checkbox"/> 505 (b) (2) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> AMENDMENT TO A PENDING APPLICATION <input type="checkbox"/> RESUBMISSION <input type="checkbox"/> PRESUBMISSION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> ESTABLISHMENT DESCRIPTION SUPPLEMENT <input type="checkbox"/> SUPAC SUPPLEMENT <input type="checkbox"/> EFFICACY SUPPLEMENT <input type="checkbox"/> LABELING SUPPLEMENT <input type="checkbox"/> CHEMISTRY MANUFACTURING AND CONTROLS SUPPLEMENT <input type="checkbox"/> OTHER		
REASON FOR SUBMISSION Complete new application that has never before been submitted		
PROPOSED MARKETING STATUS (check one) <input checked="" type="checkbox"/> PRESCRIPTION PRODUCT (Rx) <input type="checkbox"/> OVER THE COUNTER PRODUCT (OTC)		
NUMBER OF VOLUMES SUBMITTED _____	THIS APPLICATION IS <input checked="" type="checkbox"/> PAPER <input type="checkbox"/> PAPER AND ELECTRONIC <input type="checkbox"/> 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)

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