



Template for the Submission of Comments

Draft Guidance Document: Administrative Processing of Drug Submissions & Applications Involving Human or Disinfectant Drugs

Draft date: 2017-02-17

Comments submitted by

Full Name: _____

Company/Association Name: (if applicable): _____

Telephone number: _____ Address: _____

Date: _____ AAAA-MM-JJ

E-mail Address: _____

| Section | Comment and Rationale | Proposed Revised Text |
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