

Device Registration and Listing Module

Form Number: FDA 3673

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 0.50 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:

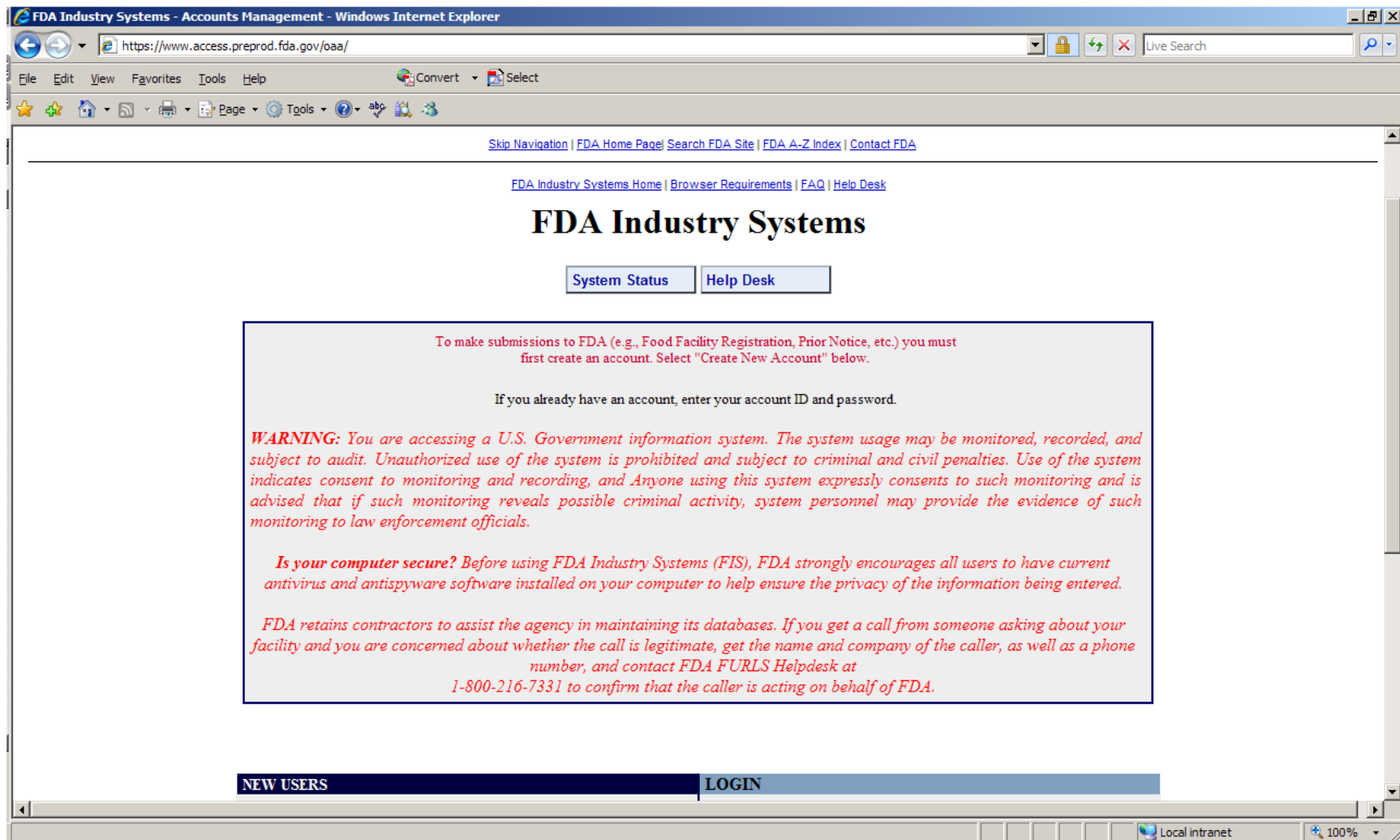
FDA PRA Staff,

Three White Flint North, 10A-12M

11601 Landsdown St.

North Bethesda, MD 20852

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 Office of Management and Budget (OMB) control number.



Create New Account

See Instructions

See Tutorials

Help Desk

Existing account holders, enter your account ID and password.

Account ID:

Password: [Forgot your password?](#)

Under [18 U.S.C. 1001](#), anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

☐ I understand

Login

[FDA Industry Systems Home](#) | [Browser Requirements](#) | [FAQ](#) | [Help Desk](#)

[Food Facility Registration](#) | [Prior Notice](#) | [Acidified and Low-Acid Canned Food](#)

[Skip Navigation](#) | [FDA Home Page](#) | [Search FDA Site](#) | [FDA A-Z Index](#) | [Contact FDA](#) | [Privacy](#) | [Accessibility](#)

FDA Industry Systems - Accounts Management - Windows Internet Explorer

https://www.access.fda.gov/oa/umLogin

File Edit View Favorites Tools Help

Convert Select

Page Tools

FDA **U.S. Food and Drug Administration** Department of Health and Human Services

[Skip Navigation](#) | [FDA Home Page](#) | [Search FDA Site](#) | [FDA A-Z Index](#) | [Contact FDA](#)

[FDA Industry Systems Home](#) | [Browser Requirements](#) | [FAQ](#) | [Help Desk](#) | [logout](#)

Account Management

- » Edit Account Profile
- » Change My Password
- » Update System Access
- » Create a Subaccount
- » Deactivate a Subaccount
- » Reactivate a Subaccount

Welcome You are logged in as **fda15659**

Welcome to the FDA Industry Systems.
You are logged in to your account for company FDA

You may choose an option on the left to manage your account or select an FDA system below.
To obtain access to available FDA systems, choose the Update System Access option to add the FDA system to your account.

FDA Unified Registration Listing Systems

Food Facility Registration

Device Registration & Listing

Shell Egg Registration

Drug Facility Registration

Low Acid Canned Food

Other FDA Systems

Prior Notice

[FDA Industry Systems Home](#) | [Browser Requirements](#) | [FAQ](#) | [Help Desk](#) | [logout](#)

Done Local intranet 100%

Device Registration and Listing Module System - Windows Internet Explorer

https://www.access.fda.gov/drlm/mainMenu1.htm;jsessionid=0aaa516730d90fa58b94b9444a0f8beca2e215eef01b.e3qRa3qkb30Qe34TaNaTbN4Ka41ynknvrklOlQzNp65In


File Edit View Favorites Tools Help

Convert Select

Page Tools

DRLM

Device Registration & Listing Module






FURLS HOME
DRLM HOME

DRLM Main Menu


Get Help ?

Important Notice: If you are required to pay the establishment registration user fee, you must visit the [FDA User Fee website](#) and pay for your facility prior to registering. If you are required to pay the fee and have not yet received your Payment Confirmation Number (PCN), you will not be able to register your facility and will need to return and re-enter all information for the facility.

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 [click here](#).


-  [Annual Registration](#)
(Annual Review of Device Registration and Listing Information)
-  [View Your Registration and Listing Information](#)
-  [Change Registration Information for a Facility](#)


Local intranet 100%

 [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](#)

Register a New Facility - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_k40D07BF0-B3B9-4DBC-3588-96F5785E18D3

File Edit View Favorites Tools Help

Convert Select

Page Tools

DRLM

Device Registration & Listing Module

Register Your Facility

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.

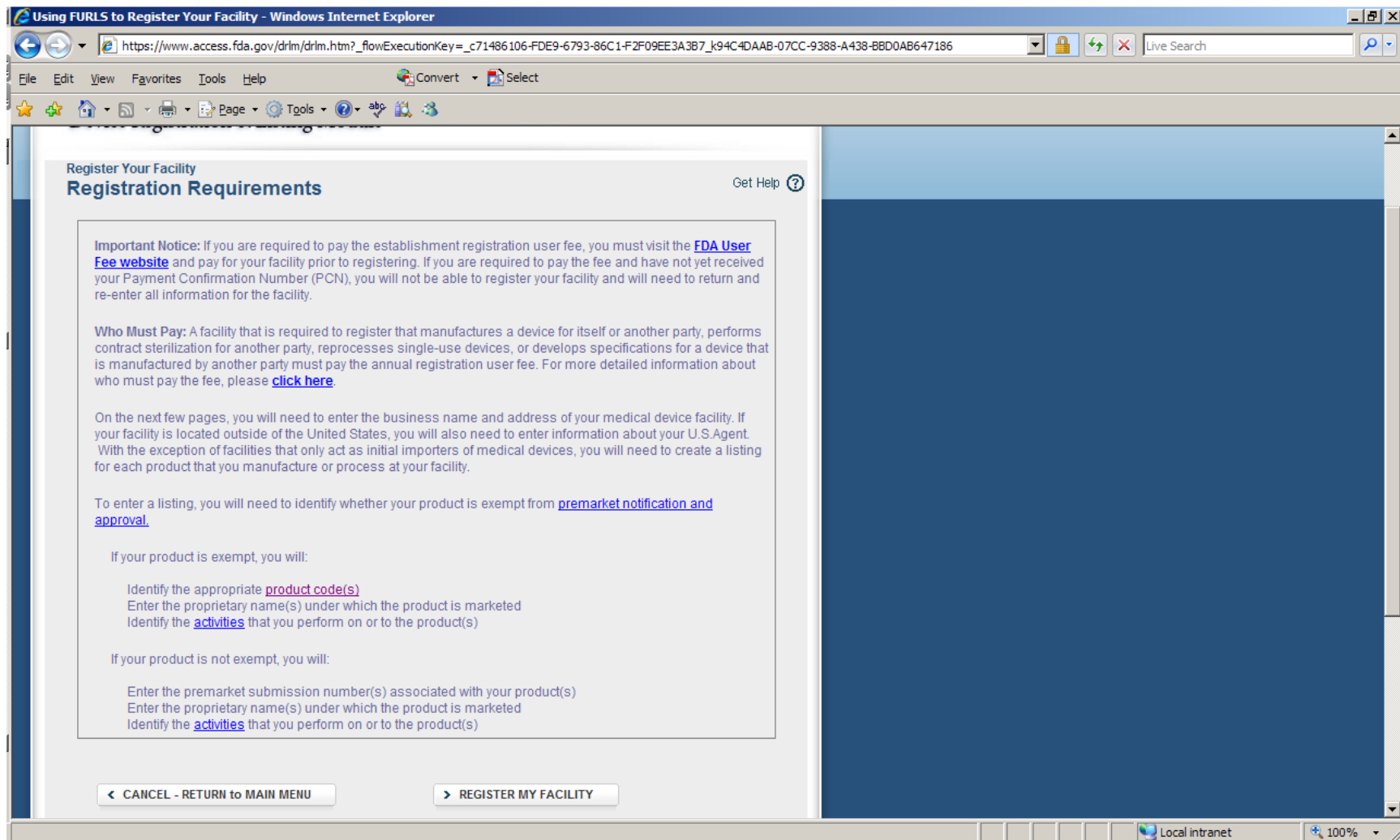
If you do not have a Registration Number or Owner Operator Number, click No Existing Registration or OO Number.

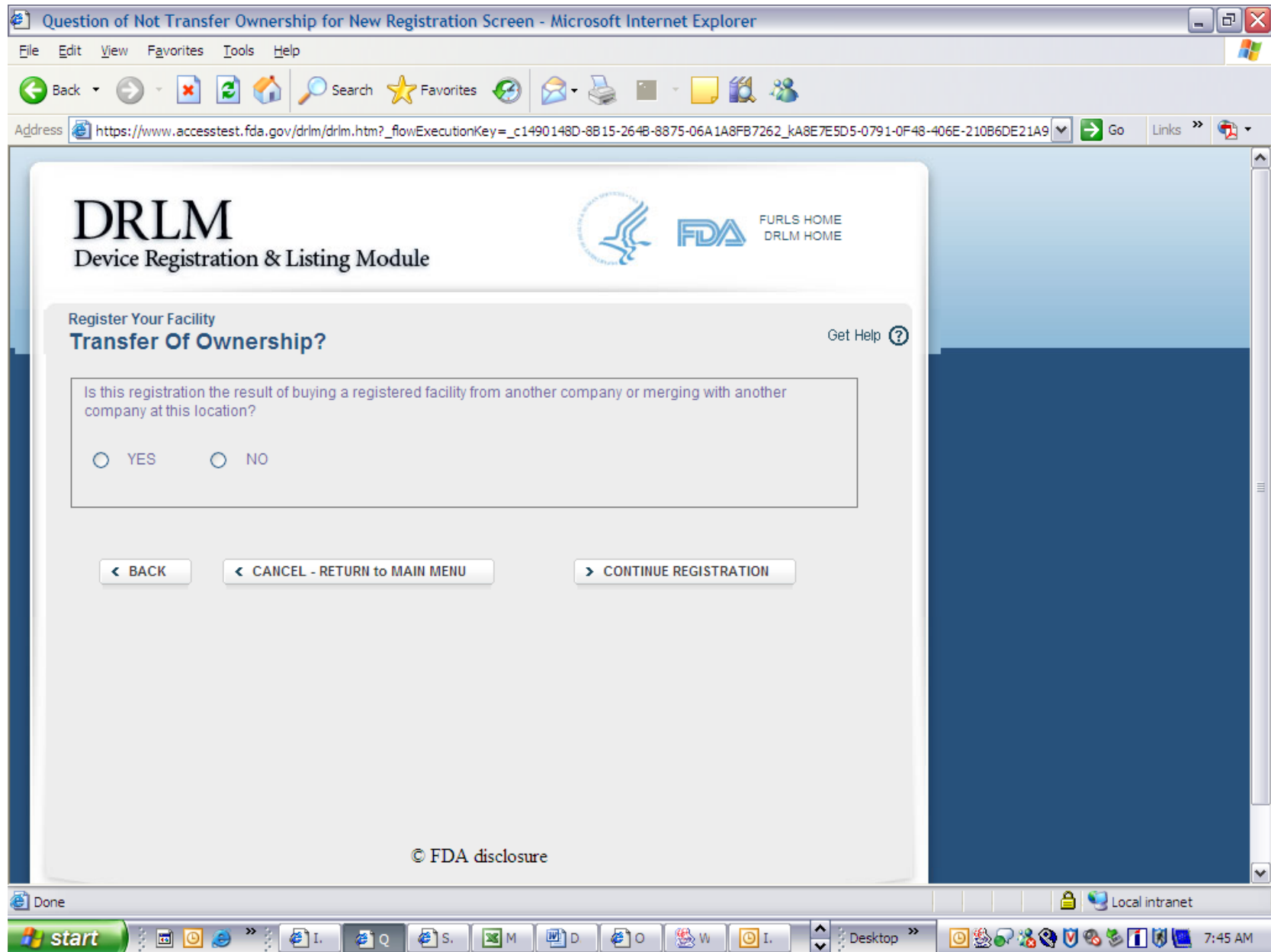
Registration Number OR Owner Operator Number

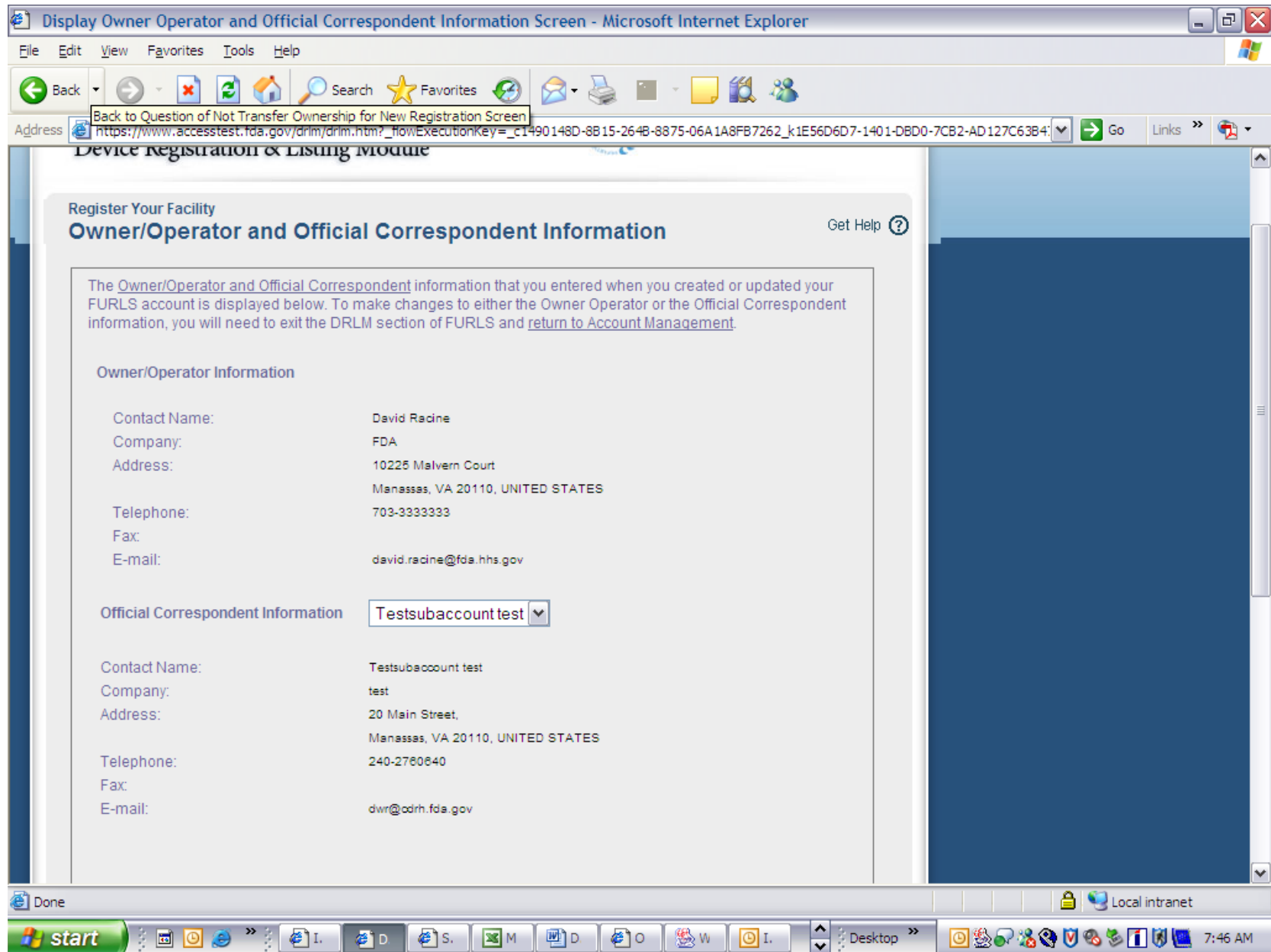
If an establishment at this address has previously been registered with FDA as a device facility, but you do not know your Registration Number or Owner Operator Number, please send an email to regist@cdrh.fda.gov for assistance. Do not create a new registration if a medical device facility has ever been registered at your address.

[< CANCEL - RETURN to MAIN MENU](#) [> SEARCH](#) [> NO EXISTING REGISTRATION OR OO NUMBER](#)

Done Local intranet 100%







Facility Information Screen - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c1490148D-8B15-264B-8875-06A1A8FB7262_k5E511CC1-CF34-BDF5-49D1-8B20A7F096C Go Links

Register Your Facility

Fields marked with an asterisk (*) are required.

Establishment Information ☒ Same as Owner/Operator ☐ Same as Official Correspondent

Choose Country where Facility is Located:* UNITED STATES

Facility Name:* FDA

Address Line 1:* 10220 Malvern Court

Address Line 2:

Zip Code:* 20110

City:* Manassas

State:* Virginia

Phone: Area/City Code: Phone Number: Extension:
703 3333333

Fax: Area/City Code: Fax Number:

Facility URL:

Other Business Trade Name(s): > Add More Trade Names: > remove

Done Local intranet

start Desktop 7:47 AM

Initial Importer Question Screen - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_kC0D3903F-A838-E924-D1B7-A7D116B28CD2


File Edit View Favorites Tools Help

Convert Select

Page Tools

DRLM

Device Registration & Listing Module



FURLS HOME
DRLM HOME

Register Your Facility

Initial Importer Question

Get Help ?

FACILITY: *FDA, SILVER SPRING, MARYLAND, UNITED STATES*

Does this facility import medical devices to the United States from another Country/Area?

☐ YES ☐ NO

Local intranet 100%

display owner operator listings - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Go Links

Address https://www.access.gpo.gov/drug/drug.htm?_flowExecutionKey=_c1490148D-8B15-264B-8875-06A1A8FB7262_k7F79D6C2-0C4D-4C77-9CB9-5D56A1B8D9

Device Registration & Listing Module

Register Your Facility

Identify Facility's Products

Get Help

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

The products shown below have previously been listed by your company for other facilities. Select one or more products from the list below for this Facility or click "ADD NEW PRODUCT" to create a listing for a new product.

<input type="checkbox"/>	Listing Number	Listing Status	Premarket Submission Number/Type	Product Code(s)	Device Name	Registration Numbers
<input type="checkbox"/>	D004788	Active	K010680	CAF	NEBULIZER (DIRECT PATIENT INTERFACE)	Not Yet Assigned.
<input type="checkbox"/>	D004789	Active	K904717	CAF	NEBULIZER (DIRECT PATIENT INTERFACE)	Not Yet Assigned.

< BACK

< CANCEL - RETURN TO MAIN MENU

> ADD NEW PRODUCT

> ADD SELECTED PRODUCTS TO THIS FACILITY

Done Local intranet

start

I. d. S. M. D. O. W. I.

Desktop

7:48 AM

enter the Premarket Submission Number - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_kb063277B-52FB-C924-0CCA-0C2C651CB9FA

File Edit View Favorites Tools Help

Convert Select

Register Your Facility

Enter Product Number

Get Help ?

FACILITY: FDA, SILVER SPRING, MARYLAND, UNITED STATES

Important Notice: If you are required to pay an annual registration user fee, you must visit the [FDA User Fee website](#) and pay the fee prior to registering your facility. To determine if you need to pay the fee, please [click here](#).

For the product you are listing, enter one of the following:

- Premarket Notification (510(k)) number
- Premarket Application (PMA) number
- Product Development Protocol (PDP) number
- Humanitarian Device Exemption (HDE) number
- Investigational New Drug (IND) number
- New Drug Application (NDA) number

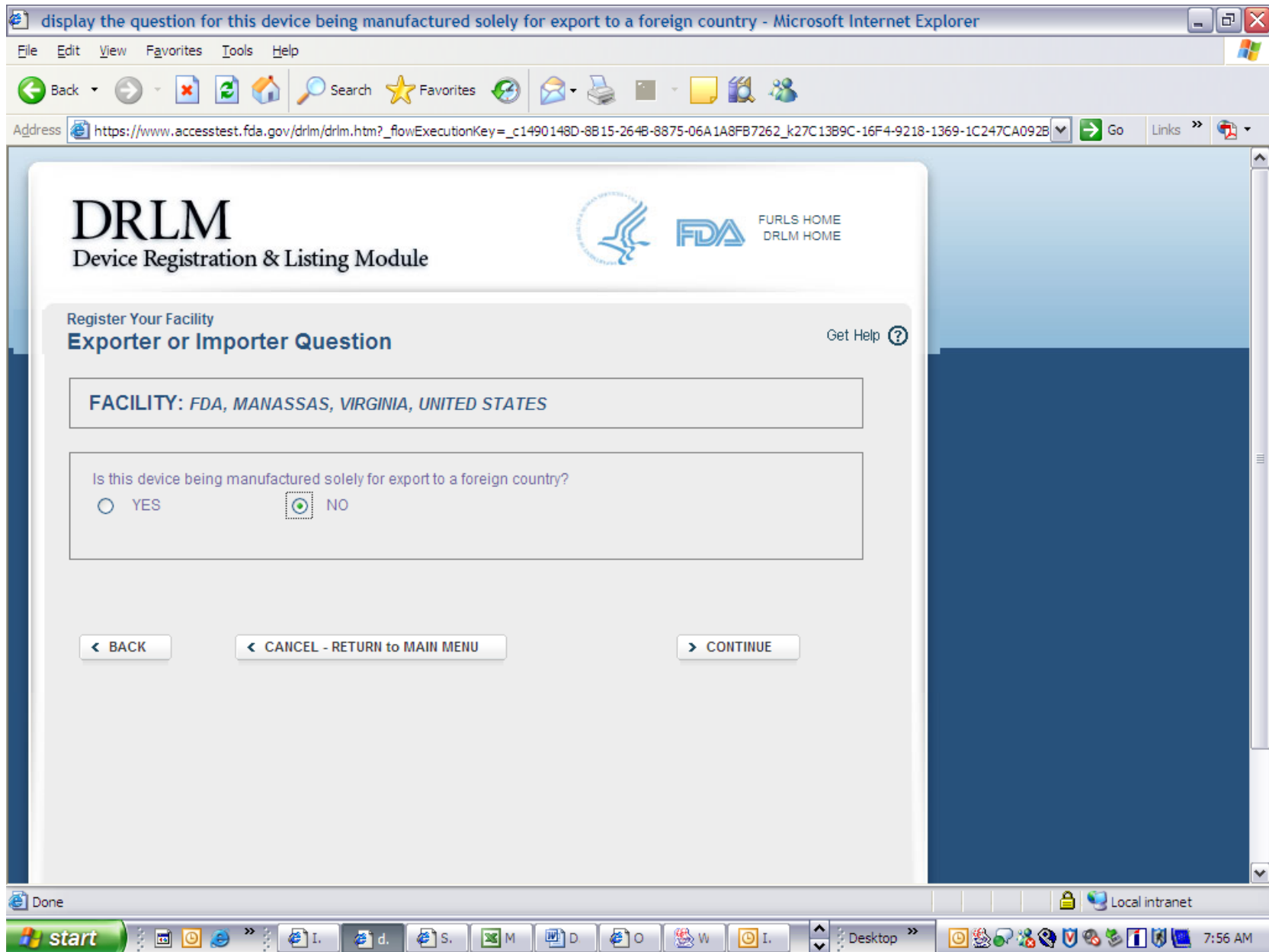
If you believe the product you are listing falls under enforcement discretion or preamendment, please contact the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

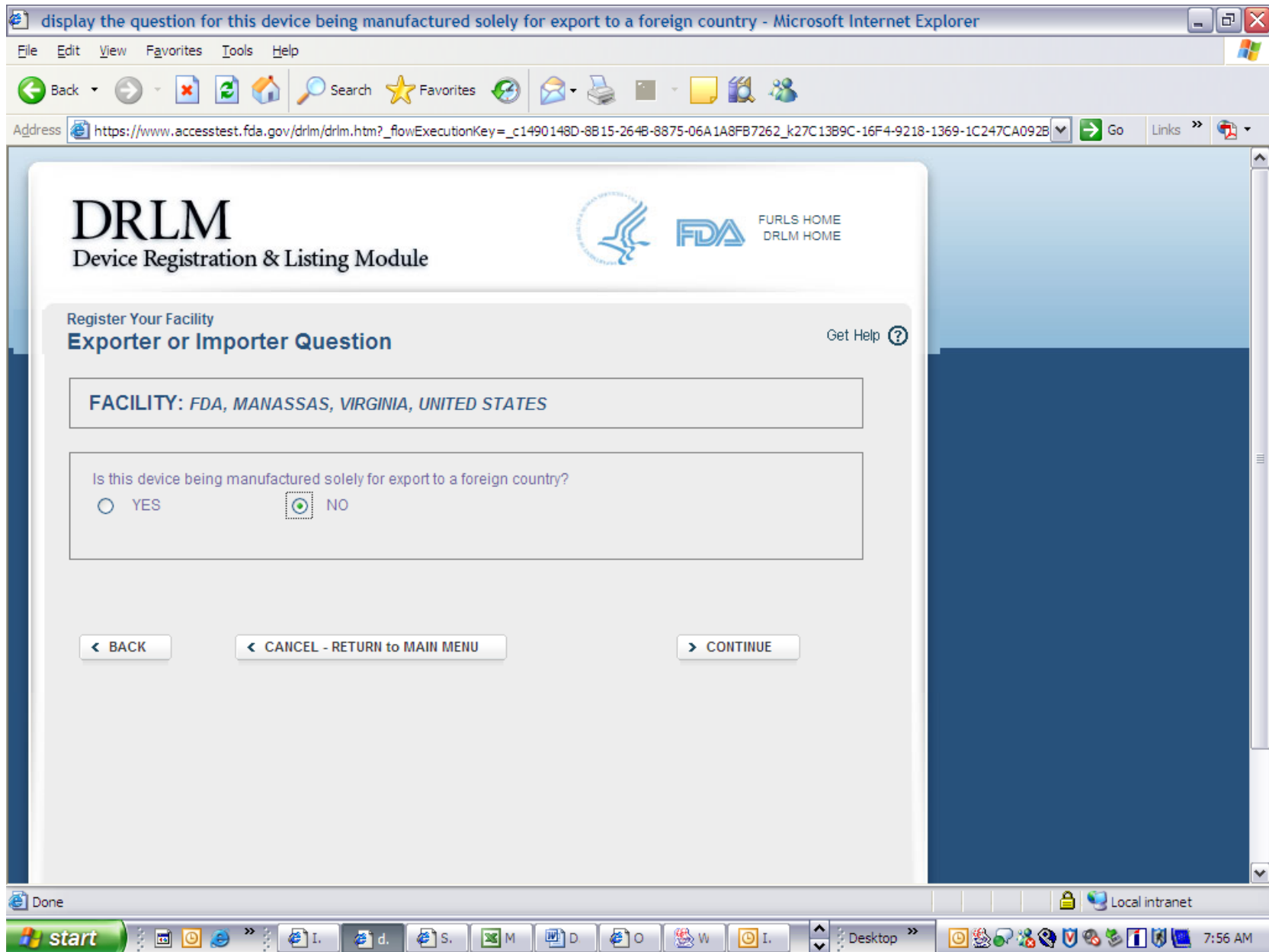
If your device is exempt from FDA premarket notification requirements, leave the box empty and click "Continue".

Enter the Premarket Submission Number:

[< BACK](#) [< CANCEL - RETURN to MAIN MENU](#) [> CONTINUE](#)

Done Local intranet 100%





display product code list - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address https://www.access.gpo.gov/drug/drug.htm?_flowExecutionKey=_c1490148D-8B15-264B-8875-06A1A8FB7262_k8EA62976-27FF-2659-BEA5-BAD3B8B81B3 Go Links

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

Select Product Code(s)

Shorten your search by using the filter option. Type a word or words describing the device and click Filter. A list of product codes and names will appear below. If you already know the correct product code, type the product code in the box and click Filter. Once you have selected a product code, click Continue

Enter the Product Code or a word or words describing the device: anchor

> FILTER
> CLEAR FILTER

Displaying Page 1 of 1

	Medical Specialty	Product Code	Device/Product Name	Class	Premarket Submission Required
<input checked="" type="radio"/>	DENTAL	EJX	ANCHOR, PREFORMED	1	510(k) exempt
<input type="radio"/>	GENERAL AND PLASTIC SURGERY	NEH	ANCHOR, FASCIAL	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NWN	Kit, laparoscopic, bone anchor, urethropexy	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NOV	ANCHOR, SUTURE, BONE FIXATION, METALLIC	2	510(k)

☐ None of the above. Request new product code.

Done Search Results - Microsoft Internet Explorer Local intranet

start I. d. S. M D O W I. Desktop 7:57 AM

display product code list - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address https://www.access.gpo.gov/drug/drug.htm?_flowExecutionKey=_c1490148D-8B15-264B-8875-06A1A8FB7262_k8EA62976-27FF-2659-BEA5-BAD3B8B81B3 Go Links

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

Select Product Code(s)

Shorten your search by using the filter option. Type a word or words describing the device and click Filter. A list of product codes and names will appear below. If you already know the correct product code, type the product code in the box and click Filter. Once you have selected a product code, click Continue

Enter the Product Code or a word or words describing the device: anchor

> FILTER
> CLEAR FILTER

Displaying Page 1 of 1

	Medical Specialty	Product Code	Device/Product Name	Class	Premarket Submission Required
<input checked="" type="radio"/>	DENTAL	EJX	ANCHOR, PREFORMED	1	510(k) exempt
<input type="radio"/>	GENERAL AND PLASTIC SURGERY	NEH	ANCHOR, FASCIAL	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NWN	Kit, laparoscopic, bone anchor, urethropexy	2	510(k)
<input type="radio"/>	ORTHOPEDIC	NOV	ANCHOR, SUTURE, BONE FIXATION, METALLIC	2	510(k)

☐ None of the above. Request new product code.

Done Search Results - Microsoft Internet Explorer Local intranet

start I. d. S. M D O W I. Desktop 7:57 AM

select facility types - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_kb2A9508C-BE6E-1A91-0512-BC08D94EE447

File Edit View Favorites Tools Help

Convert Select

Page Tools

DRLM

Device Registration & Listing Module

Register Your Facility

Select Activities for Listing(s) [Get Help ?](#)

FACILITY: FDA, SILVER SPRING, MARYLAND, UNITED STATES

Select all activities related to this device that are performed at your facility.

- ☐ Manufacture Medical Device*
- ☐ Develop Specifications But Do Not Manufacture At This Facility*
- ☐ Manufacture and Distribute Medical Device for Another Party (Contract Manufacturer)*
- ☐ Sterilize and Distribute Medical Device for Another Party (Contract Sterilizer)*
- ☐ Reprocess Single-Use Device*
- ☐ Repack or Relabel Medical Device
- ☐ Remanufacture Medical Device
- ☒ Export Device to the United States But Perform No Other Operation on Device
- ☐ Manufacture Device in the United States for Export Only*

*Requires payment of annual registration user fee.

Important Notice: If you are required to pay an annual registration user fee, you must visit the [FDA User Fee website](#) and pay the fee prior to registering your facility. To determine if you need to pay the fee, please [click here](#).

Proprietary Names

Local intranet 100%

Enter any proprietary or brand names that your product is distributed under, then click Continue.

Proprietary Name(s):

< Remove

^ Add Proprietary Name

< BACK

< CANCEL - RETURN to MAIN MENU

> CONTINUE

facility listing summary - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address https://www.accessdata.fda.gov/drldm/drlm.htm?_flowExecutionKey=_c1490148D-8B15-264B-8875-06A1A8FB7262_k541438A2-FE35-F49E-A153-2C3EB917A5D Go Links

Device Registration & Listing Module

Register Your Facility Listings Summary Get Help ?

FACILITY: FDA, MANASSAS, VIRGINIA, UNITED STATES

- Review the listings in the "Added Listing(s)" table below.
- Make corrections by selecting a listing and clicking "Edit Selected Listing."
- Add more listings by clicking "Add New product."

	Listing Number	Premarket Submission Number/Type	Product Code(s)	Device Name(s)	Activities	Proprietary Names
<input type="radio"/>	New Listing	Exempt	EJX	ANCHOR, PREFORMED	Manufacture Medical Device	Aome

[> REMOVE this PRODUCT from FACILITY'S LISTINGS](#) [> EDIT SELECTED LISTING](#)

[< Go to OWNER OPERATOR LIST](#) [> ADD NEW PRODUCT](#)

[< CANCEL - RETURN to MAIN MENU](#) [> CONTINUE](#)

Done Local intranet

start Desktop 7:58 AM

Review Registration Screen - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_k957A6571-2363-2B11-8728-1C773E120696


File Edit View Favorites Tools Help

Convert Select

Page Tools

DRLM

Device Registration & Listing Module



FURLS HOME
DRLM HOME

Register Your Facility

Registration Review

Get Help ?

FACILITY: FDA, SILVER SPRING, MARYLAND, UNITED STATES

Important Notice: If you are required to pay the establishment registration user fee, you must visit the [FDA User Fee website](#) and pay for your facility prior to registering. If you are required to pay the fee and have not yet received your Payment Confirmation Number (PCN), you will not be able to register your facility and will need to return and re-enter all information for the facility.

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 [click here](#). If you have already registered for the current fiscal year, you do not need to provide your Payment Identification Number (PIN) and PCN again.

- Review the information that you provided for your facility.
- Make changes to your facility or listing information by clicking the Edit button at the top of the corresponding section.
- Make changes to Owner/Operator or Official Correspondent information by clicking Submit, then

Done

Local intranet 100%

Review Registration Screen - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_k957A6571-2363-2B11-8728-1C773E120696

File Edit View Favorites Tools Help

Convert Select

Page Tools

- Make changes to your facility or listing information by clicking the Edit button at the top of the corresponding section.
- Make changes to Owner/Operator or Official Correspondent information by clicking Submit, then select "Return to Account Management" on the next page.

Facility [> EDIT](#)

Registration Number:
Initial Importer: N
Facility Name: FDA
Address: 10993 New Hampshire Ave.
Silver Spring, Maryland, 20993, UNITED STATES
Facility URL:
Other Business Trade Name(s):

Owner/Operator Information

Contact Name: David Gartner
Company: FDA
Address: 10993 New Hampshire Ave.
Silver Spring, MARYLAND, 20993, UNITED STATES
Telephone: 111-1111111
Fax:
E-mail: david.gartner@fda.hhs.gov

Official Correspondent Information

Contact Name: David Gartner

Local intranet 100%

Review Registration Screen - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_k957A6571-2363-2B11-8728-1C773E120696

File Edit View Favorites Tools Help

Convert Select

Official Correspondent Information

Contact Name: David Gartner
Company: FDA
Address: 10993 New Hampshire Ave.
Silver Spring, MARYLAND, 20993, UNITED STATES
Telephone: 111-1111111
Fax:
E-mail: david.gartner@fda.hhs.gov

Device Listings [> EDIT](#)

Listing Number	Premarket Submission Number/Type	Product Codes	Device Name	Activities
New Listing	Exempt	EJX	ANCHOR, PREFORMED	Manufacture Medical Device*

Certification Statement

☐ By clicking the Submit button I certify that the registration and listing information for this medical device facility as shown on this page is true. I understand that the submission of any report that is false or misleading in any material respect is a violation of Section 301(q)(2), (21 U.S.C. 331(q)(2)) and may be a violation of 18 U.S.C 1001.

Important Notice: If you are required to pay the establishment registration user fee, you must visit the [FDA User Fee website](#) and pay for your facility prior to registering. If you are required to pay the fee and have not yet received your Payment Confirmation Number (PCN), you will not be able to register your facility and will need to return and re-enter all information for the facility.

Who Must Pay: A facility that is required to register that manufactures a device for itself or another party,

Local intranet 100%

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 [click here](#).

If you have already registered for the current fiscal year, you do not need to provide your Payment Identification Number (PIN) and PCN again.

◀ CANCEL - RETURN to MAIN MENU

▶ SUBMIT

Enter Payment Confirmation Number - Windows Internet Explorer

https://www.access.fda.gov/drlm/drlm.htm?_flowExecutionKey=_c71486106-FDE9-6793-86C1-F2F09EE3A3B7_kE39009AF-0296-DA8E-E0E4-3A1D4A0A6761

File Edit View Favorites Tools Help

Convert Select

Star Home Back Forward Page Tools abc

Register Your Facility

Enter Payment Confirmation Number

Get Help ?

Enter your Payment Identification Number (PIN) and Payment Confirmation Number (PCN) for each registration shown below.

The PIN is a 8-digit number beginning with the number 5. The PCN is an 8-digit number beginning with the two character fiscal year - for 2012, the PCN begins with "12".

You must have a separate PCN for each registration shown. If you have not yet paid your annual registration user fee, you must visit the [FDA User Fee website](#) and pay for each registered facility prior to completing registration. If you have paid for your registration(s) and do not have your PIN and PCN, you can display your numbers by visiting the [FDA User Fee website](#)

Sample PIN - PCN:50000000-12000000

Registration Number	Address	PIN	PCN
New registration being created	FDA, 10993 New Hampshire Ave., Silver Spring, Maryland UNITED STATES	<input type="text"/>	<input type="text"/>

< BACK

> SUBMIT

Local intranet 100%