US FDA Type III Drug Master File (DMF)
Letter of Authorization Request Form

Please complete this form to request a Multisorb DMF to be included in your FDA review. By doing so you authorize Multisorb to use your or your organization's name in its filing process.

Date of Request: _____ **Required Date:** _____ **(no ASAP)**
(typical turnaround time is 3 days)

Product Information – Please select the product (only one product per LOA request)

☐ 007092 MINIPAX DESSICANT PACKETS as manufactured in Buffalo NY and Hyderabad, India (Also applies to StripPax products)	☐ 015416 FRESH PAX TYPE A, B, D, AND R OXYGEN ABSORBING PRODUCTS as manufactured in Buffalo NY
☐ 007377 ACTIVATED, BAGGED DESICCANT as manufactured in Buffalo NY and Hyderabad, India	☐ 017265 STABILOX(TM) OXYGEN ABSORBING PRODUCTS as manufactured in Buffalo NY and Hyderabad, India
☐ 010291 DESIMAX® as manufactured in Buffalo NY	☐ 017608 MULTIFORM™ CSF® as manufactured in Buffalo NY
☐ 012196 SORBICAP as manufactured in Buffalo NY	☐ 020369 MOISTURE REGULATING PRODUCTS as manufactured in Buffalo NY and Hyderabad, India
☐ 021185 STABILOX® CANISTER OXYGEN ABSORBING PRODUCTS as manufactured in Buffalo NY	☐ 026888 STABILOX HEAT SEAL LABEL as manufactured in New York, USA
☐ 033339 SORBICAP INTELLISORB CANISTER as manufactured in Buffalo NY	

Multisorb Product Part Number(s): _____

Applicant Information (required for future notification of applicable DMF changes)

Company Name	
Street Address **City, State, ZIP**	
Responsible Party Name	
Title	
Phone	
Email	

Applicant information shall match the information being submitted to US FDA for your filing. Multisorb is not responsible for incorrect Applicant information provided by the requestor. Corrections not the fault of Multisorb may incur an administrative fee for correction and re-filing.

Submit Request