

IV. MANUFACTURER INFORMATION

24a. NAME AND ADDRESS OF MANUFACTURER		26-26a. NAME AND ADDRESS OF REPORTER (INCLUDE ZIP CODE)
ORIGINAL REPORT NO.	24b. MFR CONTROL NO.	
24c. DATE RECEIVED BY MANUFACTURER	24d. REPORT SOURCE <input type="checkbox"/> STUDY <input type="checkbox"/> LITERATURE <input type="checkbox"/> HEALTH PROFESSIONAL <input type="checkbox"/> REGULATORY AUTHORITY <input type="checkbox"/> OTHER	
DATE OF THIS REPORT	25a. REPORT TYPE <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP	