



**CDER** *Direct*

Electronic Submissions Portal

# **CDER Direct – GDUFA Self-Identification**

# GDUFA Self-Identification

Home > GDUFA Self-Identification

## SUBMISSIONS

NDC Labeler Code Request

Establishment Registration

GDUFA Self-Identification

## GDUFA FACILITY SELF-IDENTIFICATION

  [GO](#) [ACTIONS](#) [CREATE NEW](#)

STATUS	SET ID	ROOT ID	SUBMISSION ID	VERSION	DOCUMENT LABEL	LAST MODIFIED USER	LAST MODIFIED DATE	
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Click here to begin new registration

# GDUFA Self-Identification



**CDER Direct**

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## SUBMISSIONS

NDC Labeler Code Request

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**GDUFA Self-Identification**

## CREATE NEW GDUFA FACILITY SELF-IDENTIFICATION

- Create New GDUFA Self-Identification using a blank form
- Import an existing GDUFA Self-Identification SPL

**Note:** To update an existing submission, click on Cancel and select a submission with the status SUBMISSION SUCCESSFUL from the table in the prior page / Dashboard.

CONTINUE

CANCEL

Click here to create SPL from scratch

Click here to upload previously created SPL

CDER Direct: [direct.fda.gov](https://direct.fda.gov)

# GDUFA Self-Identification

SAVE AS DRAFT

<< RETURN

**Note:** Click on the Data Element Name for each field below to display instructions and helpful hints for filling out this GDUFA Self-Identification submission form. Red asterisk indicate required fields.

## HEADER DETAILS

Document Type: \*

GENERIC DRUG FACILITY IDENTIFICATION SUBMISSION

--Select One--

Set ID: \*

GENERIC DRUG FACILITY IDENTIFICATION SUBMISSION

Version Number: \*

1

Root ID: \*

01260df0-39d1-0c16-e054-00144ffa2cc4

[Generate New](#)

Effective Date: \*

08-21-2014



Please select the Self-ID form

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# GDUFA Self-Identification

## REGISTRANT DETAILS

Registrant Name: \*

Registrant DUNS: \*

## REGISTRANT CONTACT DETAILS

Contact Name: \*

Contact Email: \*

Contact Phone: \*

[Format](#)

Phone Extension:

Contact Fax:

## REGISTRANT CONTACT ADDRESS

Country: \*

Street Address: \*

City: \*

State: \*

Postal Code:

# GDUFA Self-Identification

## REGISTRANT CONTACT DETAILS

Contact Name: \*

Contact Email: \*

Contact Phone: \*  [Format](#)

Phone Extension:

Contact Fax:

## REGISTRANT CONTACT ADDRESS

Country: \*

Street Address: \*

City: \*

State: \*

Postal Code:

## FACILITIES

None

Click here to add a facility



ADD FACILITY

# GDUFA Self-Identification

SAVE FACILITY

DELETE FACILITY

<< RETURN

## FACILITY DETAILS

Facility Name: \*

XYZ Drug Company

Facility DUNS: \*

8888888888

Facility FEI: \*

1234566549

## FACILITY ADDRESS

Country: \*

United States

Street Address: \*

123 Road

City: \*

Silver Spring

State: \*

Maryland

Postal Code:

# GDUFA Self-Identification

Note: This is the contact information for the Facility, not the Registrant

## FACILITY CONTACT DETAILS

Contact Name: \* Jane Doe

Contact Email: \* jane.doe@gmail.com

Contact Phone: \* 333-333-3333

[Format](#)

Phone Extension:

Contact Fax:

## FACILITY CONTACT ADDRESS

Country: \* United States

Street Address: \* 444 Street

City: \* Silver Spring

State: \* Maryland

Postal Code:

# GDUFA Self-Identification

## BUSINESS OPERATIONS

**Note:** Enter the one or more drug manufacturing and processing operations performed at the facility. Click on + button to select multiple business operations.

+	BUSINESS OPERATION	QUALIFIER
✕	--Select One--	--Select One--
<ul style="list-style-type: none"><li>--Select One--</li><li>API/FDF ANALYTICAL TESTING</li><li>FDF MANUFACTURE</li><li>CLINICAL BIOEQUIVALENCE OR BIOAVAILABILITY STUDY</li><li>IN VITRO BIOEQUIVALENCE OR BIOANALYTICAL TESTING</li><li>REPACK</li><li>API MANUFACTURE</li><li>PACK</li><li>POSITRON EMISSION TOMOGRAPHY DRUG PRODUCTION</li></ul>		

Click on the “+” button to select multiple business operations.

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# GDUFA Self-Identification

More than one Business Operation Qualifier can be entered for the Business Operations: FDF Manufacture and PACK.

## BUSINESS OPERATIONS

Note: Enter the one or more drug manufacturing and processing operations performed at the facility. Click on + button to select multiple business operations.

+	BUSINESS OPERATION	QUALIFIER
✘	FDF MANUFACTURE	CONTRACT MANUFACTURING
✘	FDF MANUFACTURE	MANUFACTURES NON-GENERICS --Select One-- CONTRACT MANUFACTURING MANUFACTURES NON-GENERICS

# GDUFA Self-Identification

Click here to save Facility information before returning to the previous screen

SAVE FACILITY

DELETE FACILITY

<< RETURN

## FACILITY DETAILS

Facility Name: \*

XYZ Drug Company

Facility DUNS: \*

8888888888

Facility FEI: \*

1234566549

## FACILITY ADDRESS

Country: \*

United States

Street Address: \*

123 Road

City: \*

Silver Spring

State: \*

Maryland

Postal Code:

# GDUFA Self-Identification



CDER Direct  
Electronic Submissions Portal

Facility saved. X

Home > GDUFA Self-Identification > SPL Submission

SUBMIT SPL

SAVE AS DRAFT

DELETE

<< RETURN

**Note:** Click on the Data Element Name for each field below to display instructions and helpful hints for filling out this GDUFA Self-Identification submission form. Red asterisk indicate required fields.

Please "Save As Draft"  
before Submitting SPL

## — HEADER DETAILS

Document Type: \*

GENERIC DRUG FACILITY IDENTIFICATION SUBMISSION

Set ID: \*

01260df0-39d0-0c16-e054-00144ffa2cc4

[Generate New](#)

Version Number: \*

1

Root ID: \*

01260df0-39d1-0c16-e054-00144ffa2cc4

[Generate New](#)

Effective Date: \*

08-21-2014



# Where do I get more information?

Log on to CDER Direct: [direct.fda.gov](https://direct.fda.gov)

Compatible with the following browsers:

- Microsoft Edge
- Safari 10.0.1 and above
- Firefox version 28 and above
- Google Chrome

Help Desk: [CDERdirect@fda.hhs.gov](mailto:CDERdirect@fda.hhs.gov)

eDRLS Helpdesk: [edrls@fda.hhs.gov](mailto:edrls@fda.hhs.gov)