Month xx, yyyy

U.S. Food and Drug Administration

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WO71, G112

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**Subject: IDE G23xxxx, Report R0xx**

To Whom it may Concern

Included in this submission please find Report R0xx. This is an annual progress report for IDE G23xxxx.

IDE and Sponsor Information

* IDE Number:
* Device name and indication(s) for use:
* Sponsor's name:
	+ Address:

Children’s Hospital of Philadelphia

3401 Civic Center Blvd

Philadelphia, PA 19104

* Sponsor’s phone number:
* Sponsor’s fax number:
* Sponsor's email address:
* Additional authorized contact person:
* Additional contact email:

This continues to be a single site Sponsor-Investigator IDE only being conducted at Children’s Hospital of Philadelphia.

This IDE annual progress report is for the reporting period of [day,month,year] to [day,month,year].

Thank you for incorporating these documents into this IDE file. If you have any questions, you may reach me at XXname@chop.eduXX or XXphoneXX.

Sincerely,

xxNAMExx

Sponsor-Investigator

Children’s Hospital of Philadelphia

Copy to: IND/IDE Support Program