

Multistate Respiratory Illness Product Questionnaire

State Department of Health Contact Person and Title:	
District Office:	
FDA Emergency Response Coordinator:	
Date and time collected:	

Objective: To collect product specific information at each state department of health that has reported cases of respiratory illnesses related to vaping products. *Complete page 1 of the questionnaire for each affected individual reported by the state department of health. Attach a copy of pages 2-4 for each different product used by that individual.*

1. State case number or case identifier

2. City and State where the case occurred

If none of the products used by this individual were submitted to FDA, did you offer FDA's Forensic Chemistry Center's contact information to the state? (please use Douglas.Heitkemper@fda.hhs.gov as FCC contact and also include a cc to your local District Emergency Response Coordinator).

Yes No

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Complete pages 2 through 4 for each different product used

3. Product Name

4. Product/Sample Collected? Yes No

5. Product/Sample Submitted to FDA? Yes No (If Yes, specify how and date of shipment).

6. Sample Identifier

7. Date Collected

8. Product Manufacturer

9. If product is a device, does the device use an open/refillable tank, pods or cartridges, or is it single use/nonrefillable? (Describe if none of the above).

10. If product is a device describe any known modifications to the device or if the device appears to be modifiable.

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11. If product is a liquid, is the liquid contained in what appears to be intended to be a single use pod (or cartridge) or a refillable bottle? (Describe if contained differently).

12. If product is a wax or dry herb product, please describe product form.

13. Is the product labeled as containing nicotine? Yes No

14. Describe any other substances the product is labeled as including or appears to contain including THC, Cannabis oils, diluting oils, other drugs, or flavorings

15. Give a complete description of the product including any information not contained above

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16. List any manufacturing or batch codes on the product

17. Photos available? (Attach if Yes) Yes No

18. Purchase location name and address

19. Any additional comments or information you think may be helpful
