DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION	DISTRICT ADDRESS AND PHONE NUMBER US Food and Drug Administration 900 US Customhouse 2nd & Chesenut Sts. Phila PA 19106 (215) 597-4390
NAME OF INDIVIDUAL TO WHOM REPORT ISSUED	PERIOD OF INSPECTION 10/6,7,8,13,14,15,20,22,23,26,
TITLE OF INDIVIDUAL Medical Director	27,30 - 11/2/98 TYPE ESTABLISHMENT INSPECTED Clinical Investigator
FIRM NAME	NAME OF FIRM, BRANCH OR UNIT INSPECTED SAME
STREET ADDRESS	STREET ADDRESS OF PREMISES INSPECTED SAME
CITY AND STATE (Zip Code)	CITY AND STATE (Zip Code) SAME
The following observations refer to the Investigate for the indicated study, 'Surgical Treatment of Refractive errors: Myopia was perf	with a fin the
	Enhancement on 9/25/97 OD (right eye) prior to
4. Consent forms for after Myopic surgery to the right eye was had patient information and consent form, which was a present in the patient file or made available upon research.	for Myopia on 8/13/98, however, the approved for use by the IRB on 7/17/98, was not
performed for a condition that is not indicated in procedures were performed with a laser that is not performed at a location that is not identified in the	indicated in the study and the surgery was protocol.
7. There was no documentation to show that the C or significant deviations to the protocol [per IRB r	I notified the IRB about all amendments, changes requirements].
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