

# Exhibit A.2



# FOIA Request Confirmation

Confirmation Number: FDA2176603

## Requester:

### General

|                            |                 |
|----------------------------|-----------------|
| Description of Requester:  | <b>Consumer</b> |
| Max Amount Willing to Pay: | <b>\$25.00</b>  |

### Organization

|                    |                                                                 |              |  |
|--------------------|-----------------------------------------------------------------|--------------|--|
| Organization Name: | <b>Public Health and Medical Professionals for Transparency</b> |              |  |
| Primary Phone:     | <b>212-532-1091</b>                                             | Other Phone: |  |
| Email:             | <b>foia@sirillp.com</b>                                         |              |  |

### Mailing Address

|            |                        |
|------------|------------------------|
| Address 1: | <b>200 Park Avenue</b> |
| Address 2: | <b>17th Floor</b>      |
| City:      | <b>New York</b>        |
| State:     | <b>NY</b>              |
| Zip Code:  | <b>10166</b>           |

### Billing Address

|            |                        |
|------------|------------------------|
| Address 1: | <b>200 Park Avenue</b> |
| Address 2: | <b>17th Floor</b>      |
| City:      | <b>New York</b>        |
| State:     | <b>NY</b>              |
| Zip Code:  | <b>10166</b>           |

### Details

|                      |                                                                                                                                                            |                    |                                                  |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------|
| Requester Name:      | <b>Aaron Siri</b>                                                                                                                                          |                    |                                                  |
| Requester File #:    | <b>IR#0546</b>                                                                                                                                             | Request Letter:    | <b>IR#0546 - FDA - Pfizer Approval FINAL.pdf</b> |
| Requested Date From: |                                                                                                                                                            | Requested Date To: |                                                  |
| Subject of Request:  | <b>All data and information for the Pfizer Vaccine enumerated in 21 C.F.R. § 601.51(e) with the exception of publicly available reports on the Vaccine</b> |                    |                                                  |

### Waiver of Fees

|                |                                                                                                                                                                                 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Justification: | <b>PHMPT is a nonprofit. The information it seeks will contribute to the public debate about the safety and efficacy of the Pfizer vaccine. See letter for further details.</b> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Expedited Processing

|                |                                                                                                                                                                                                              |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Reason:        | <b>Demonstrated Urgency to Inform the Public</b>                                                                                                                                                             |
| Justification: | <b>PHMPT disseminates information to the public. There is an immediate need to inform the public of the data and information underlying licensure of the Pfizer Vaccine. See letter for further details.</b> |

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If your informational needs change, and you need to cancel your request, please contact the Division of Freedom of Information by telephone, mail, or fax. Please include your control number in the correspondence. For contact information, please see [FDA's FOIA page](#).