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OMB NO.: 0579-0013

## UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES CENTER FOR VETERINARY BIOLOGICS (CVB)

INSTRUCTIONS: Submit in triplicate to: USDA-APHIS-VS The Center for Verterinary Biologics 1800 Dayton Ave., P.O. Box 844 Ames, Iowa 50010

REQUEST FOR REFERENCE, REAGENT, OR REAGENT SEED MATERIAL (Only one reference, reagent, or seed material on

							,	
			REQUEST					
REQUESTING FIRM'S NAME: COMPL		ETE MAILING ADDRESS (No P.O. Box): DATE OF REQUEST: LIC					NSE OR PERMIT NO.:	
PHONE NO. (Needed for shipping):								
REAGENT REQUESTED: CV		TICE	QUANTITY REQUESTED:		PURPOSE OF REFERENC			
		ATE:			OKPOSE OF KEPER	KENCE	•	
NAME OF COURIER:		REMA	RKS:					
COURIER ACCOUNT NO. (For shipping to be charged):		-						
to be straiged).								
NAME AND TITLE OF PERSON MAKING REQUEST:								
NAME AND TITLE OF PERSON MAKING REQUEST:		SIGNA	ATURE:				DATE:	
-			REPLY					
AMOUNT SHIPPED LOT NO.:			REMARKS:					
A. NUMBER OF CONTAINERS:		7						
B. VOLUME OF EACH CONTAINER:		1						
C. TOTAL VOLUME:		1						
REFRIGERATION:	DATE	SHIPP	ED BY:					
	SHIPPED:							
YES NO								
NAME AND TITLE OF CVB OFFICIAL:		SIGNA	TURE:				DATE:	
			RECEIPT					
AMOUNT RECEIVED:			REMARKS:					
	T	-						
A. NUMBER OF CONTAINERS:  B. TOTAL VOLUME:		-						
B. TOTAL VOLUME.								
CONDITION OF SHIPMENT:	DATE RECEIVED:							
NAME AND TITLE OF PERSON MALE PER	FIVED	Olevi	TUDE					
NAME AND TITLE OF PERSON WHO RECEIVED SHIPMENT:		SIGNA	TURE:				DATE:	
		1						