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OMB Approved
0579-0013
EXP. DATE XX/XXXX

This certificate is required for foreign countries to furnish official certification by the Veterinary Services the certain products have been prepared in accordance with Virus-Serum-Toxin Act (9 CFR 112).

<p>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>VETERINARY SERVICES CENTER FOR VETERINARY BIOLOGICS (CVB)</p>	<p>INSTRUCTIONS: Submit in triplicate to:</p> <p>USDA-APHIS-VS Center for <i>Veterinary Biologics</i> Inspection and Compliance 1800 Dayton Avenue, P.O. Box 844 Ames, IL 50010</p>	<p>REQUEST FOR REFERENCE, REAGENT, OR REAGENT SEED MATERIAL</p> <p><i>(Only one reference, reagent, or seed material on each form.)</i></p>
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REQUEST

REQUESTING FIRM'S NAME:	COMPLETE MAILING ADDRESS (<i>Number P.O. Box</i>):	DATE OF REQUEST:	LICENSE OR PERMIT NUMBER:
PHONE NO. (<i>Needed for shipping</i>):			
REAGENT REQUESTED:	CVB NOTICE ISSUE DATE:	QUANTITY REQUESTED:	PURPOSE OF REFERENCE:

NAME OF COURIER:	REMARKS:		
COURIER ACCOUNT NUMBER (<i>For shipping to be charged</i>):			
NAME AND TITLE OF PERSON MAKING REQUEST:	SIGNATURE:	DATE:	

REPLY

AMOUNT SHIPPED LOT NUMBER:	REMARKS:				
A. NUMBER OF CONTAINERS:					
B. VOLUME OF EACH CONTAINER:					
C TOTAL VOLUME.					
REFRIGERATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE SHIPPED:	SHIPPED BY:			
NAME AND TITLE OF CVB OFFICIAL:	SIGNATURE:	DATE:			

RECEIPT

AMOUNT RECEIVED:	REMARKS:				
A. NUMBER OF CONTAINERS:					
B. TOTAL VOLUME:					
CONDITION OF SHIPMENT:	DATE SHIPPED:				
NAME AND TITLE OF PERSON WHO RECEIVED SHIPMENT:	SIGNATURE:	DATE:			