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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0013. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. | OMB Approved0579-0013EXP. DATE XX/XXXX |
| This report is required to determine if tests conducted on each serial and each subserial are satisfactory prior to release of the serial or subserial (9CFR 116) |
| U.S. DEPARTMENT OF AGRICULTUREANIMAL AND PLANT HEALTH INSPECTION SERVICE**VETERINARY BIOLOGICS PRODUCTION AND TEST REPORT** |
| **NOTE:** Submit an original and one copy for every serial or subserial which reaches any stage of identification and testing. | 1. PAGE OF | 2. LICENSE OR PERMIT NUMBER |
| 3. NAME & MAILING ADDRESS OF LICENSEE OR PERMITTEE (Include ZIP code) | 4. FILL DATE  | 5. PRODUCT CODE NUMBER |
| 6. EXPIRATION DATE  | 7. SERIAL OR SUBSERIAL NUMBER |
| 8. TRUE NAME OF PRODUCT |
| 9. TEST DATA (For additional test data use VS Form 2008A) |
| TESTREFERENCE(A) | TEST DATES | RESULTS(D) | INSERT CODES - SATISFACTORY U - UNSATISFACTORYI - INCONCLUSIVE NT - NO TEST (E) |
| STARTED(B) | CONCLUDED(C) |
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| 10. INVENTORY FOR RELEASE (Use a separate line for each size container) | 11. REMARKS |
| NO. OFCONTAINERS(A) | CONTAINER SIZE (DOSES,ML OR UNITS)(B) | TOTAL DOSES,ML OR UNITS(C) |  |
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| TOTAL |  | TOTAL |  |
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| 12. DISPOSITION BY FIRM  |  [ ]  ELIGIBLE FOR RELEASE [ ]  DESTROYED [ ]  TO BE REPROCESSED AND RETESTED |
|  [ ]  OTHER *(Explain)* |  |
| 13. SIGNATURE (Authorized Firm Representative)  | 14. TITLE | 15. DATE |
| 16. DISPOSITION BY APHIS  | [ ]  NOT TO BE TESTED [ ]  TESTS COMPLETED, SATISFACTORY |
| [ ]  TESTS COMPLETED, UNSATISFACTORY *(Explain)* [ ]  OTHER *(Explain)* |
| 17. SIGNATURE (Authorized APHIS Representative) | 18. TITLE  | 19. DATE |

APHIS FORM 2008 Previous editions are obsolete.

OCT 2011