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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 Approved  0579-0013  EXP. 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 AGRICULTURE  ANIMAL 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) | | | | | | | | | | | | | | | | |
| TEST  REFERENCE  (A) | | | TEST DATES | | | | RESULTS  (D) | | | | | INSERT CODE  S - SATISFACTORY U - UNSATISFACTORY  I - 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. OF  CONTAINERS  (A) | | CONTAINER SIZE (DOSES,  ML OR UNITS)  (B) | | | | TOTAL DOSES,  ML OR UNITS  (C) | | |  | | | | | | | |
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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