



**REQUEST TO TRANSFER  
SELECT AGENTS AND TOXINS  
(APHIS/CDC FORM 2)**

FORM APPROVED  
OMB NO. 0579-0213  
OMB NO. 0920-0576  
EXP DATE XX/XX/XXXX

Detailed instructions are available at <http://www.selectagent.gov/TransferForm.html>. Answer all items completely and type or print in ink. This request must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service  
Agricultural Select Agent Program  
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07  
Riverdale, MD 20737  
FAX: 301-734-3652  
E-mail: [Agricultural.Select.Agent.Program@aphis.usda.gov](mailto:Agricultural.Select.Agent.Program@aphis.usda.gov)

Centers for Disease Control and Prevention  
Division of Select Agents and Toxins  
1600 Clifton Road NE, Mailstop A-46  
Atlanta, GA 30333  
FAX: 404-718-2096  
Email: [form2@cdc.gov](mailto:form2@cdc.gov)

APHIS/CDC AUTHORIZATION NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECTION 1 – TO BE COMPLETED BY RECIPIENT			
SECTION A – RECIPIENT INFORMATION			
1. Entity name:	2. Entity registration number:		
3. Address (NOT a post office address):	4. City:	5. State:	6. Zip Code:
7. Principal Investigator name First:                      MI:                      Last:	8. a. APHIS Permit #: b. US PHS#:		
9. Responsible Official (RO) name First:                      MI:                      Last:	10. RO Telephone #:		
11. RO FAX #:	12. RO E-mail address:		
SECTION B – SENDER INFORMATION			
13. Entity name:	14. <input type="checkbox"/> Entity registration number: _____ <input type="checkbox"/> Clinical/diagnostic laboratory <input type="checkbox"/> Other:		
15. Address (NOT a post office address):	16. City:	17. State:	18. Zip Code:
19. Responsible Official (RO) or facility director First:                      MI:                      Last:	20. RO/Facility Director Telephone #:		
21. RO/Facility Director FAX #:	22. RO/Facility Director E-mail address:		
23. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ensure that an APHIS/CDC Form 4 "Report of the Identification of a Select Agent or Toxin" is submitted to APHIS or CDC within 7 calendar days.			
SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)			
24. Select agents and/or toxins to be transferred:			
A			
B			
C			
D			
E			

I hereby certify that the information contained in Section 1 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: \_\_\_\_\_

Title: \_\_\_\_\_

Typed or printed name of Responsible Official: \_\_\_\_\_

Date: \_\_\_\_\_



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**SECTION 2 – TO BE COMPLETED BY SENDER**

**SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED** (attach additional sheets if necessary)

	25. Select agents and/or toxins:	26. Characterization of agent:	27. Number of items (e.g. vial, slant, plant, etc.):	28. Form (powder/liquid/ slant):	29. Total volume or weight of item contents (e.g., mL, mg, ng):
A					
B					
C					
D					
E					

**SECTION E – RECIPIENT NOTIFICATION INFORMATION**

30. Name of Individual at Recipient Entity notified of Expected Shipment: First:                      MI:                      Last:	31. Date of notification:	32. Type of notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone
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**SECTION F – SHIPPING INFORMATION**

33. Name of individual who packaged shipment: First:                      MI:                      Last:	34. Number of packages shipped:	35. Shipment Date:
36. Package description (size, shape, description of packaging including number and type of inner packages):		
37. Name of carrier (If hand-delivered, please provide name of individual):		38. Airway bill number/bill of lading number/tracking number:

I hereby certify that the select agents and/or toxins were packaged, labeled, and shipped in accordance with all federal and international regulations and information contained on in Section 2 of this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Sender: \_\_\_\_\_ Title: \_\_\_\_\_

Typed or printed name of Sender: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3 – TO BE COMPLETED BY RECIPIENT**

39. Name of individual who received shipment: First:                      MI:                      Last:	40. <input type="checkbox"/> Transfer Did Not Occur <input type="checkbox"/> Transfer Occurred/Date of Receipt:
41. The agents/toxins listed in Section 2 were received: <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain discrepancy in separate attachment.	42. Shipment was packaged, labeled, and shipped in accordance with regulations: <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain discrepancy in separate attachment.

I hereby certify that the information contained in Section 3 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: \_\_\_\_\_ Title: \_\_\_\_\_

Typed or printed name of Responsible Official: \_\_\_\_\_ Date: \_\_\_\_\_

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 0579-0213. The time required to complete this information collection is estimated to average 2 hours 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.