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

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 10/31/2014

Detailed instructions are available at http://www.selectagents.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
Email: ASAP@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

Accession Number:

(For Program Use ONLY)

Submit completed form only once by either email, fax, or mail

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. ☐ Entity registration number: _____ ☐ Clinical/diagnostic laboratory ☐ 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: ☐ Yes ☐ 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	
F	
G	

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 Signed: _____

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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					
F					
G					

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: ☐ E-mail ☐ Fax ☐ Telephone

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 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 Signed: _____

SECTION 3 – TO BE COMPLETED BY RECIPIENT

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

Public reporting burden: Public reporting burden of this collection of information is estimated to average 1.5 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).

Save Form

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