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OMB Approved
0579-0013
EXP. DATE XX/XXXX

US DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
CENTER FOR VETERINARY BIOLOGICS

**REQUEST FOR REFERENCE, REAGENT, OR
REAGENT SEED MATERIAL**

Submit to:
USDA-APHIS-VS
Center for Veterinary Biologics
1920 Dayton Avenue, P.O. Box 844
Ames, IA 50010

or FAX to (515) 337-7673 or email to CVB@aphis.usda.gov

REQUEST

1. REQUESTING FIRM'S NAME AND COMPLETE MAILING ADDRESS		2. U.S. VET BIOL LICENSE OR PERMIT NO.
		3. PHONE NUMBER (REQUIRED FOR SHIPPING)
		4. CONTACT EMAIL
5. REAGENT REQUESTED (as listed in CVB Reagent Catalog, one item per form):	6. QUANTITY REQUESTED	7. INTENDED USE OF REAGENT:
8. NAME OF COURIER:	11. REMARKS:	
9. COURIER ACCOUNT NUMBER (To charge shipping costs)		
10. PERMIT TO RECEIVE INFECTIOUS SUBSTANCES ENCLOSED <input type="checkbox"/> YES <input type="checkbox"/> NOT APPLICABLE		
12. NAME AND TITLE OF PERSON MAKING REQUEST:	13. SIGNATURE:	14. DATE SUBMITTED (mm/dd/yyyy)

REPLY (FOR VET BIOLOGICS USE)

15. ITEM SHIPPED		16. REMARKS:	
A. LOT NUMBER			
B. NUMBER OF CONTAINERS:			
C. VOLUME OF EACH CONTAINER:			
D. TOTAL VOLUME.			
17. SHIPPING TEMPERATURE: <input type="checkbox"/> AMBIENT <input type="checkbox"/> COLD PACK <input type="checkbox"/> DRY ICE		19. SIGNATURE	
18. NAME AND TITLE OF AUTHORIZING CVB OFFICIAL		20. DATE AUTHORIZED	
21. REMOVED FROM INVENTORY BY		22. VERIFIED BY	
23. SHIPPED BY		24. SHIPPING DATE	

INSTRUCTIONS FOR APHIS FORM 2018

This form is used to request biological references, reagents, or reagent seed material supplied by APHIS for use in testing (9 CFR 113) of veterinary biologics.

Submit a separate form for each reagent requested. If additional space is needed, attach additional sheets and refer to Item No.

1. REQUESTING FIRM'S NAME AND COMPLETE MAILING ADDRESS

Enter the biologics manufacturer or affiliated establishment requesting the reagent. Enter the address to which the reagents are to be shipped. Do not use P.O. Boxes.

2. U.S. VETERINARY BIOLOGICS ESTABLISHMENT LICENSE OR PERMIT NUMBER

Enter the biologics establishment identifier provided by APHIS.

3. PHONE NUMBER

Enter a contact phone number for any questions about the request or shipment. A phone number is required for most couriers.

4. CONTACT EMAIL

Provide an email address to which questions about the request or shipment may be directed.

6. REAGENT REQUESTED

Enter one reagent per form. Describe the reagent exactly as it is listed in the CVB Reagents catalog (www.aphis.usda.gov/animal_health/vet_biologics/publications/vb_reagent_catalog.pdf).

6. QUANTITY REQUESTED

Enter the quantity of reagent requested. Quantities are limited. APHIS reserves the right to amend the quantity provided.

7. INTENDED USE OF REAGENT

Specify how the reagent will be used. APHIS reagents are intended solely for use in testing veterinary biologics.

8. NAME OF COURIER

Specify the courier service that should be used to ship the reagent.

9. COURIER ACCOUNT NUMBER

Requestors are responsible for reagent shipping costs. Provide an account number to which shipping costs may be charged.

10. PERMIT TO RECEIVE INFECTIOUS SUBSTANCES ENCLOSED

Interstate movement of certain infectious biological substances requires a US Veterinary Permit for the Importation and Transportation of Controlled Material and Organisms and Vectors. The permit is issued to the **recipient** of the shipment and must be provided with this form for inclusion in this shipment. See www.aphis.usda.gov/permits for details.

Shipments of select agents require APHIS/CDC Form 2. See www.selectagent.gov for details.

11. REMARKS

Use this item for miscellaneous information or instructions regarding your request.

12 and 13. NAME AND TITLE OF PERSON MAKING REQUEST/ SIGNATURE

Self-explanatory items

14. DATE SUBMITTED

Enter the date that the request form is forwarded to APHIS.

Completed requests may be submitted by mail, fax, or email:

Mail:

**USDA-APHIS-VS
Center for Veterinary Biologics
1920 Dayton Avenue, P.O. Box 844
Ames, IA 50010**

FAX: (515) 337-7673

Email: CVB@aphis.usda.gov

15-24. These items are for APHIS-Vet Biologics use only.

Recipients are asked to verify that the quantity received matches the amount listed in Item 15 and that the reagent remains in the temperature range specified in Item 17.

If reagents are damaged or if cold/frozen reagents have warmed, please contact the Center for Veterinary Biologics at (515) 337-6100 or CVB@aphis.usda.gov.