number. The valid OMB control number for this information the time for reviewing instructions, searching existing d	ation collection is 0579	9-0013. The time red	quired to complete	this informa	tion collection	is estimated to av	erage 0.3 hours per	response, including	0579-0013 EXP. DATE XX/XXXX	
This report is required by Regulation (9CFR 113). Failure to report can result in no certification for authenticity of samples of pro- UNITED STATES DEPARTMENTDF AGRICULTURE						BMITTED		2. FIRM LICENSE NUMBER		
ANIMAL AND PLANT HEALTH INSPECTION SERVICE										
SHIPMENT AND RECEIPT OF BIOLOGICS SAMPLES					3. NAME AND MAILIND ADDRESS OF FIRM (Include ZIP Code)					
INSTRUCTIONS: Submit original and one copy with samples					†					
4. PURPOSE					1					
☐ ROUTINE CONCURRENT SAMPLE ☐ MASTER SEED ☐ CELL LINE ☐ PRELICENSING SAMPLE ☐ RETENTION SAMPLE ☐ RESUBMSSION (Specify In Remarks) ☐ OTHER (Specify In Remarks)										
5. HOW II PRODUCT SHIPPED OTHER (Specify)						PRODUCT IS SHIPPED VIA				
☐ DRY ICE ☐ REFRIDERATED ☐ UNREFRIGERATED										
6. PRODUCT NAME (No trade name) SERIAL (Only one entry per line)	7.	8.	IUMBER	9.	. = 000=	SAN	MPLE CONTAINERS	S SUBMITTED		
	PRODUCT CODE	SERIAL N			PLE CODE v't Use Only)	10.	11.	12.	INDICATE BULK OR FINAL	
						NUMBER	SIZE	FIELD DOSE		
certify that I am an authorized government sampler ar selected and are submitted in accordance with 9 CFR :		above were	16. REMARKS	•						
14. SIGNATURE OF AUTHORIZED GOVERNMENT		15. DATE								
TELEPHONE NUMBER ()										
	-	ACKNO	 DWLEDGMENT C	F RECEIPT						
17. CONDITIONS AND REMARKS					18.	RECEIVED BY (S	ignature)			
					19.	19. DATE RECEIVED				

APHIS FORM 2020 OCT 2011 Previous editions are obsolete.

Instructions for APHIS FORM 2020 SHIPMENT AND RECEIPT OF BIOLOGICAL SAMPLES

This form is used by Veterinary Biological Licensees and Permittees to submit samples to the Center for Veterinary Biologics for testing.

Submitters must complete items 1-8, and items 10-16. Items 9, 17-19 are for Agency use.

Submit one copy with original signature and the samples to the address below. A photocopy of the submission form with items 9, 17, 18, and 19 completed will be returned to the submitter via mail.

Center for Veterinary Biologics NVSL, BMPS - Sample Repository P. O. Box 844 1800 Dayton Avenue Ames, Iowa 50010