

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

CENTER FOR VETERINARY BIOLOGICS  
1920 DAYTON AVENUE  
AMES, IOWA 50010

## ADVERSE EVENT REPORT FOLLOW-UP INFORMATION

Identify the initial report submitted using either:

- the case number provided to you by USDA staff, or
- the "submission reference number" allocated to your initial report by our Web site, or
- your original "submitter's case number"

Initial Report Identifier

### SUBMITTER INFORMATION

1. Information Collected By

REP  SOR

2. Contract Number

3. Date Follow-up Information received  
(MM/DD/YYYY)

4. First Name

5. Last Name

6. Submitted to Manufacturer

YES  NO

### ADDITIONAL INFORMATION

Follow-up Information (*narrative*)

### FORM SUBMITTAL

Save and submit via email to:

[cvb@aphis.usda.com](mailto:cvb@aphis.usda.com)

Print form and mail to:

Pharmacovigilance, USDA,  
Center for Veterinary Biologics,  
1920 Dayton Avenue,  
Ames, IA 50010

Print and fax it to:

515-337-6120