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

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 11/30/2015

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 Email: 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) 471-8468 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 A – RECIPIENT INFORMATION 1. Entity name: 2. Entity registration number: 3. Address (NOT a post office address): 4. City: 5. State: 6. Zip Code: 3. Address (NOT a post office address): 4. City: 5. State: 6. Zip Code: 7. Principal Investigator name: 8. a. APHIS Permit #: 5. 5. State: 6. Zip Code: 9. Responsible Official (RO) name: 10. RO Telephone #: 11. RO Faelity Content address: 5. 5. 11. RO Fax #: 12. RO E-mail address: 12. RO E-mail address: 5. 5. 5. 13. Ently name: 14. Entity registration number: 17. State: 18. Zip Code: 15. Address (NOT a post office address): 16. City: 0. 18. Zip Code: 18. Zip Code: 16. Address (NOT a post office address): 16. City: 18. Zip Code: 18. Zip Code: 18. Zip Code: 17. Istate: Last: 20. RO/Facility Director Telephone #: 18. Zip Code: 18. Zip Code: 18. ADFacility Director Fax #: 22. RO/Facility Director E-mail address: 18. Zip Code: 18. Zip Code: 23. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: Ye	SECTION 1 – TO BE COMPLETED BY RECIPIENT					
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B C D	24. Select agents and/or toxins to be transferred:					
C	A					
D	В					
	С					
E	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:

Typed or printed name of Responsible Official:

Title: Date: _____



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EXPIRATION 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):
Α							
В							
С							
D							
Е							
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 □ Telephon					
SECTION F – SHIPPING INFORMATION							
33. Name of individual who packaged shipment: First: MI: Last:		34. Number of packages shipped: 35. Shipment Da		e:			
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:			acking 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	f Sender: _

Dale.

SECTION 3 – TO BE COMPLETED BY RECIPIENT			
39. Name of individual who received shipment:	40. Transfer Did Not Occur Transfer Occurred/Date of Receipt:		
First: MI: Last:			
41. The agents/toxins listed in Section 2 were received:	42. Shipment was packaged, labeled, and shipped in accordance with		
Yes If no, explain discrepancy in separate attachment.	regulations: Tes Tes 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: ______ 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). APHIS/CDC FORM 2 (11/30/2015)