According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0013. The time required to complete this information collection is estimated to average .33 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.

This report is required by Regulation (9 CFR 113). Failure to report can result in no certification being made for authenticity of samples of product.

OMB Approved
0579-0013
EXP. XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

SHIPMENT AND RECEIPT OF BIOLOGICS SAMPLES

1. DATE SUBMITTED

2. FIRM LICENSE NO.

3. NAME AND MAILING ADDRESS OF FIRM *(Include Zip Code)*

INSTRUCTIONS: Submit original and one copy with samples. *(Leave carbons intact.)*

4. PURPOSE

☐ ROUTINE CONCURRENT SAMPLE ☐ MASTER SEED ☐ CELL LINE ☐ PRELICENSING SAMPLE
☐ RETENTION SAMPLE ☐ RESUBMISSION *(Specify in remarks)* ☐ OTHER *(Specify in remarks)*

5. HOW IS PRODUCT SHIPPED

☐ DRY ICE ☐ REFRIGERATED ☐ UNREFRIGERATED

OTHER *(Specify)*

PRODUCT IS SHIPPED VIA

PRODUCT NAME *(No trade names)* *(Only one entry per line)* 6.	**PRODUCT CODE** 7.	**SERIAL NO.** 8.	**SAMPLE CODE** *(For Goverment Use Only)* 9.	**SAMPLE CONTAINERS SUBMITTED**			**INDICATE BULK OR FINAL** 13.
				NO. 10.	**SIZE** 11.	**FIELD DOSE** 12.	

I certify that I am an authorized government sampler and the samples listed above were selected and are submitted in accordance with 9 CFR 113.3.

14. SIGNATURE OF AUTHORIZED GOVERNMENT SAMPLER

TELEPHONE NUMBER

15. DATE

16. REMARKS

ACKNOWLEDGEMENT OF RECEIPT OF SAMPLES

17. CONDITION AND REMARKS

18. RECEIVED BY *(Signature)*

19. DATE RECEIVED