

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 <input type="checkbox"/> REP <input type="checkbox"/> SOR	2. Contract Number	3. Date Follow-up Information Received (MM/DD/YYYY)
4. First Name	5. Last Name	6. Submitted to Manufacturer <input type="checkbox"/> YES <input type="checkbox"/> NO

ADDITIONAL INFORMATION

Follow-up Information (*narrative*)

FORM SUBMITTAL

Save and submit via email to:

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