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OMB Approved  
0579-0013  
EXP: XX/XXXX

This report is required to determine if tests conducted on each serial and each subserial are satisfactory prior to release of the serial or subserial (9 CFR 116)

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
**VETERINARY BIOLOGICS PRODUCTION AND TEST REPORT**

**NOTE:** Submit an original and one copy for every serial or subserial which reaches any stage of identification and testing.

|   |                    |                               |
|---|--------------------|-------------------------------|
| 3. NAME AND MAILING ADDRESS OF LICENSEE OR PERMITTEE (Include ZIP code) | 1. PAGE<br><br>OF  | 2. LICENSE OR PERMIT NUMBER   |
|   | 4. FILL DATE       | 5. PRODUCT CODE NUMBER        |
|   | 6. EXPIRATION DATE | 7. SERIAL OR SUBSERIAL NUMBER |

8. TRUE NAME OF PRODUCT

9. TEST DATA (For additional test data use VS Form 2008A)

| TEST REFERENCE<br>(A) | TEST DATES     |                  | RESULTS<br>(D) | INSERT CODE                          |                                    |     |
|-----------------------|----------------|------------------|----------------|--------------------------------------|------------------------------------|-----|
|                       | STARTED<br>(B) | CONCLUDED<br>(C) |                | S - SATISFACTORY<br>I - INCONCLUSIVE | U - UNSATISFACTORY<br>NT - NO TEST | (E) |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |
|                       |                |                  |                |                                      |                                    |     |

|   |  |                                 |             |
|---|--|---------------------------------|-------------|
| 10. INVENTORY FOR RELEASE (Use a separate line for each size container) |  |                                 | 11. REMARKS |
| NO. OF CONTAINERS<br>(A)  | CONTAINER SIZE (DOSES, ML OR UNITS)<br>(B) | TOTAL DOSES, ML OR UNITS<br>(C) |             |
|   |  |                                 |             |
|   |  |                                 |             |
|   |  |                                 |             |
|   |  |                                 |             |
| TOTAL   |  | TOTAL                           |             |

12. DISPOSITION BY FIRM     ELIGIBLE FOR RELEASE     DESTROYED     TO BE REPROCESSED AND RETESTED  
 OTHER (Explain)

|  |           |          |
|--|-----------|----------|
| 13. SIGNATURE (Authorized Firm Representative) | 14. TITLE | 15. DATE |
|--|-----------|----------|

16. DISPOSITION BY APHIS     NOT TO BE TESTED     TESTS COMPLETED, SATISFACTORY  
 TESTS COMPLETED, UNSATISFACTORY (Explain)     OTHER (Explain)

|   |           |          |
|---|-----------|----------|
| 17. SIGNATURE (Authorized APHIS Representative) | 18. TITLE | 19. DATE |
|---|-----------|----------|