

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
---	--	--