According to the Paperwork Reduction Act of 1995, an agency ma displays a valid OMB control number. The valid OMB control num to average 2 hours per response, including the time for reviewing and reviewing the collection of information.	ber for this information is 0579-02	09. The time required to complete th	is information collect	ion is estimated	OMB Approved 0579-0209 EXP. XX/XXXX
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:			Initial Report Identifier		
 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" 					
	SUBMITTER	INFORMATION			
1. Information Collected By	2. Contract Number		3. Date Follow-up Information Received (MM/DD/YYYY)		
First Name 5. Last Name			6. Submitted to Manufacturer		
			S YES	NO	
	ADDITIONAL	INFORMATION			

Follow-up Information (narrative)

FORM SUBMITTAL				
Save and submit via email to:	Print form and mail to:	Print and fax it to:		
cvb@aphis.usda.com	Pharmacovigilance, USDA, Center for Veterinary Biologics, 1920 Dayton Avenue, Ames, IA 50010	515-337-6120		