

APHIS/CDC Form 2: Request to Transfer Select Agents and Toxins

When you select Principal Investigator name, the IT system auto populates the information found on Section A.

SECTION A – RECIPIENT INFORMATION	
1. Principal Investigator name	
Lori Bane	

SECTION A – RECIPIENT INFORMATION			
1. Entity name:		2. Entity registration number:	
3. Address (NOT a post office address):		4. City:	5. State:
6. Zip code:		7. Principal Investigator name:	
First:	MI:	Last:	
9. Responsible Official (RO) name:		10. RO telephone #:	
First:	MI:	Last:	
11. RO fax #:		12. RO e-mail address:	

For the below screen print, this is found in Section B of the form. For name of the carrier question, it is question #39 on the form.

The screenshot shows a web browser window with the URL <https://webapp.ipsastest.com/web/Form2/Section1/Index/#/>. The page title is "Form 2 - Section 1 | CDC IP...". The browser's address bar shows the URL and the page title. The page content is divided into sections. On the left, there is a navigation menu with "SECTION A", "SECTION B", and "SECTION C". The main content area is titled "SECTION B – SENDER INFORMATION". It contains the following fields and questions:

- 2. Entity name:** A text input field containing "Lori Entity".
- 3. Entity Registration:** Radio buttons for "Registered Entity", "Clinical Diagnostic Laboratory", and "Other".
- 4. Address (NOT a post office address):** A text input field.
- 5. City:** A text input field.
- 6. State:** A dropdown menu with "-- Select an option--".
- 7. Zip Code:** A text input field.
- 8. Country:** A dropdown menu with "-- Select an option--".
- 9. Responsible Official (RO) or facility director:** Text input fields for "First MI Last".
- 10. RO/Facility Director telephone #:** A text input field with a format of "() - - ext. ___".
- 11. RO/Facility Director fax #:** A text input field with a format of "() - - ext. ___".
- 12. RO/Facility Director e-mail address:** A text input field.
- 13.** This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: Yes No
- 14.** Is the agent a product of a restricted experiment, as defined in section 13 of the select agent regulations? If yes, provide the description used in the Federal Select Agent Program approval letter for the restricted experiment that produced the agent. Yes No
- 15.** Name of carrier (if hand-delivered, please provide name of individual)

The Windows taskbar at the bottom shows the system tray with the date and time: 12:59 PM 9/18/2017.

For the below screen print, this is found in Section C of the form.

SECTION A
SECTION B
SECTION C

16. Select agents and/or toxins to be transferred:

Add Agent and/or toxins to save to this form

Agent Toxin 2

Saved Agents and/or Toxins to be transferred:

Select agents and/or toxins

APHIS Permit #:

Signature

Certification: I hereby certify that the information contained in Section 1 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: Title: Date Signed:

Lori Bane

Please type name as above.

For the below screen print, this is found in Section D of the form.

SECTION D
SECTION E
SECTION F

SECTION 2 - TO BE COMPLETED BY SENDER

SECTION D - LIST OF SELECT AGENTS AND TOXINS SHIPPED

Add Agent and/or toxins to save to this form

17. Select agents and/or toxins: 18. Characterization of agent 19. Number of items (e.g., vial, slant, plant, etc.):

20. Form (powder/liquid/ slant): 21. Total volume or weight of item contents (e.g., mL, mg, ng):

You have no Select Agents and Toxins Shipped saved for this form.

SECTION E - RECIPIENT NOTIFICATION INFORMATION

For the below screen print, this is found in Section E of the form.

SECTION D

SECTION E

SECTION F

Add Shipped

You have no *Select Agents and Toxins Shipped* saved for this form.

SECTION E -- RECIPIENT NOTIFICATION INFORMATION

26. Name of individual at recipient entity notified of expected shipment: 26. Date of notification: 27. Type of notification:

First MI Last mm/dd/yyyy E-mail Fax Telephone

SECTION F -- SHIPPING INFORMATION

28. Name of individual who packaged shipment: 29. Number of packages shipped: 30. Shipment date:

First MI Last mm/dd/yyyy

31. Package description (size, shape, description of packaging including number and type of inner packages):

32. Airway bill number/bill of lading number/tracking number:

For the below screen print, this is found in Section F of the form.

SECTION 3 -- TO BE COMPLETED BY RECIPIENT (Within 2 days of transfer receipt as defined in Section 16.2(h) of the Select Agent Regulations)

SECTION 3

33. Name of individual who received shipment:

First MI Last

34. Transfer did not occur Transfer occurred/date of receipt

35. The agents/toxins listed in Section 2 were received:

Yes If no, explain discrepancy.

36. Shipment was packaged, labeled, and shipped in accordance with regulations:

Yes If no, explain discrepancy.

Signature

Certification: I hereby certify that the information contained in Section 3 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: **Title:** **Date Signed:**

Lori Bane

Please type name as above.