

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0013. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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 OF | 2. LICENSE OR PERMIT NUMBER |
| | 4. FILL DATE | 5. PRODUCT CODE NUMBER |
| 8. TRUE NAME OF PRODUCT | 6. EXPIRATION DATE | 7. SERIAL OR SUBSERIAL NUMBER |

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

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

| 10. INVENTORY FOR RELEASE (Use a separate line for each size container) | | | 11. REMARKS |
|---|--|---------------------------------|-------------|
| NO. OF CONTAINERS (A) | CONTAINER SIZE (DOSES, ML OR UNITS) (B) | TOTAL DOSES, ML OR UNITS (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 <input type="checkbox"/> NOT TO BE TESTED <input type="checkbox"/> TESTS COMPLETED, SATISFACTORY |
| <input type="checkbox"/> TESTS COMPLETED, UNSATISFACTORY (Explain) <input type="checkbox"/> OTHER (Explain) |

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