



**REQUEST TO TRANSFER
SELECT AGENTS AND
TOXINS (APHIS/CDC FORM 2)**

FORM APPROVED
OMB NO. 0920-0576
EXP DATE
01/31/2024

Detailed instructions are available at <http://www.selectagents.gov/form2.html>. This request must be submitted to either AgSAS or DSAT.

Animal and Plant Health Inspection Service
Agriculture Select Agent Services
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: (301) 734-3652
E-mail: AgSAS@usda.gov

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop H21-7
Atlanta, GA 30329 FAX: (404) 471-8468
E-mail: cdcform2@cdc.gov

Submit completed form only once by either eFSAP, e-mail, fax, or mail

SECTION 1 – TO BE COMPLETED BY RECIPIENT				
SECTION A – RECIPIENT INFORMATION				
1. Entity name:		2. Entity registration number:		
3. Principal Investigator name: First: MI: Last:				
SECTION B – SENDER INFORMATION				
4. Entity name:		5. Address (NOT a post office address):		
6. Responsible Official (RO) or Laboratory Supervisor: First: Last:		7. City:	8. State:	9. Zip code: 10. Country:
11. RO/Laboratory Supervisor telephone #:		12. RO/Laboratory Supervisor e-mail address:		
12. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the APHIS/CDC Form 4 clinical ID#:				
13. 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. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)				
14. Select agents and/or toxins to be transferred (for toxins, please include the amount):				
A				
B				
C				
D				
E				
15. Transfer is cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Name of carrier and DOT registration number (If hand-delivered, please provide name of individual):				

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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: _____

Title: _____

Typed or printed name of Responsible Official: _____

Date: _____



**REQUEST TO TRANSFER
SELECT AGENTS AND
TOXINS (APHIS/CDC FORM 2)**

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE Xx/XX/XXXX

Detailed instructions are available at <http://www.selectagents.gov/form2.html>. This form must be submitted to either AgSAS or DSAT:

Animal and Plant Health Inspection Service
Agriculture Select Agent Services
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: (301) 734-3652
E-mail: AgSAS@usda.gov

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop H21-7
Atlanta, GA 30329
FAX: (404) 471-8468
E-mail: cdcform2@cdc.gov

Submit completed form only once by either eFSAP, e-mail, fax, or mail

SECTION 2 – TO BE COMPLETED BY SENDER				
SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)				
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):
A				
B				
C				
D				
E				
22. Transfer is cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION E – RECIPIENT NOTIFICATION INFORMATION				
23. Name of individual at recipient entity notified of expected shipment: First: MI: Last:		24. Date of notification:	25. Type of notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone	
SECTION F – SHIPPING INFORMATION				
26. Name of individual who packaged shipment: First: MI: Last:		27. Number of packages shipped:	28. Shipment date:	
29. Package description (size, shape, description of packaging including number and type of inner packages):				
30. Airway bill number/bill of lading number/tracking number:				

I hereby certify that the select agents and/or toxins were packaged, labeled, and shipped in accordance with all federal and international regulations and information contained in Section 2 of 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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalties, including imprisonment.

Signature of Sender: _____ Title: _____

Typed or printed name of Sender: _____ Date: _____

SECTION 3 – TO BE COMPLETED BY RECIPIENT (Within 2 days of receipt of shipment)	
31. Name of individual who received shipment: First: Last:	32. Date of receipt:
33. The agents/toxins listed in Section 2 were received: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain discrepancy in separate attachment.	
34. Shipment was packaged, labeled, and shipped in accordance with regulations: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain discrepancy in separate attachment.	

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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: _____ Title: _____

Typed or printed name of Responsible Official: _____ Date: _____

Public reporting burden: Public reporting burden of this collection of information is estimated to average 1.5 hours 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0576).