

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 .33 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.

This report is required by Regulation (9 CFR 113). Failure to report can result in no certification being made for authenticity of samples of product.

OMB Approved
0579-0013
EXP. XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE	SHIPMENT AND RECEIPT OF BIOLOGICS SAMPLES	1. DATE SUBMITTED	2. FIRM LICENSE NO.
		3. NAME AND MAILING ADDRESS OF FIRM (Include Zip Code)	

INSTRUCTIONS: Submit original and one copy with samples. *(Leave carbons intact.)*

4. PURPOSE

ROUTINE CONCURRENT SAMPLE
 MASTER SEED
 CELL LINE
 PRELICENSING SAMPLE
 RETENTION SAMPLE
 RESUBMISSION *(Specify in remarks)*
 OTHER *(Specify in remarks)*

5. HOW IS PRODUCT SHIPPED

DRY ICE
 REFRIGERATED
 UNREFRIGERATED

OTHER (Specify) _____

PRODUCT IS SHIPPED VIA _____

PRODUCT NAME <i>(No trade names)</i> <i>(Only one entry per line)</i> 6.	PRODUCT CODE 7.	SERIAL NO. 8.	SAMPLE CODE <i>(For Government Use Only)</i> 9.	SAMPLE CONTAINERS SUBMITTED			INDICATE BULK OR FINAL 13.
				NO. 10.	SIZE 11.	FIELD DOSE 12.	

I certify that I am an authorized government sampler and the samples listed above were selected and are submitted in accordance with 9 CFR 113.3.

14. SIGNATURE OF AUTHORIZED GOVERNMENT SAMPLER _____

15. DATE _____

TELEPHONE NUMBER _____

16. REMARKS

ACKNOWLEDGEMENT OF RECEIPT OF SAMPLES

17. CONDITION AND REMARKS _____ _____	18. RECEIVED BY (Signature) _____ 19. DATE RECEIVED _____
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