According to the Paperwork Reduction Act of 1995, an agency may not condu displays a valid OMB control number. The valid OMB control number for this in estimated to average 0.1 hours per response, including the time for reviewing i completing and reviewing the collection of information.	formation collection is 0579-0013. The tin	ne required to complete this information collection is	
US DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECT10N SERVICE VETERINARY SERVICES CENTER FOR VETERINARY BIOLOGICS	REQUE	REQUEST FOR REFERENCE, REAGENT, OR REAGENT SEED MATERIAL	
Submit to: USDA-APHIS-VS Center for Veterinary Biologics 1920 Dayton Avenue, P.O. Box 844 Ames, IA 50010			
or email to VS.DB.CVB.Reagent.Requests@usda.gov			
	REQUEST		
1. REQUESTING FIRM'S NAME AND COMPLETE MAILING ADDF	ESS	2. U.S. VET BIOLOGIC LICENSE OR PERMIT NO.	
		3. PHONE NUMBER (required for shipping)	
		4. CONTACT EMAIL	
5. REAGENT REQUESTED (as listed in CVB Reagent Catalog, one item )	per 6. QUANTITY 7. INTENDE	ED USE OF REAGENT	
form)	REQUESTED		
8. NAME OF COURIER	11. REMARKS		
9. COURIER ACCOUNT NUMBER (to charge shipping costs)			
10. PERMIT TO RECEIVE INFECTIOUS SUBSTANCES ENCLOSE			
12. NAME AND TITLE OF PERSON MAKING REQUEST		13. DATE SUBMITTED (mm/dd/yyyy)	
		(Inni Gayyyy)	
REPLY	(FOR VETERINARY BIOLOGI	CS USE)	
14. ITEM SHIPPED	16. REMARKS:		
A. LOT NUMBER			
B. NUMBER OF CONTAINERS:			
C. VOLUME OF EACH CONTAINER:			
D. TOTAL VOLUME.			
15. SHIPPING TEMPERATURE:			
17. NAME AND TITLE OF AUTHORIZING CVB OFFICIAL	18. SIGNATURE	19. DATE AUTHORIZED (mm/dd/yyyy)	
20. REMOVED FROM INVENTORY BY	21. VERIFIED BY		
22. SHIPPED BY	23. SHIPPING DATE		
APHIS FORM 2018		TE	

## **INSTRUCTIONS FOR APHIS FORM 2018**

This form is used to request biological references, reagents, or reagent seed material supplied by APHIS for use in testing (9 CFR 113) of veterinary biologics.

Submit a separate form for each reagent requested. If additional space is needed, attach additional sheets and refer to Item No.

## 1. REQUESTING FIRM'S NAME AND COMPLETE MAILING ADDRESS

Enter the biologics manufacturer or affiliated establishment requesting the reagent. Enter the address to which the reagents are to be shipped. Do not use P.O. Boxes.

# 2. U.S. VETERINARY BIOLOGICS ESTABLISHMENT LICENSE OR PERMIT NUMBER

Enter the biologics establishment identifier provided by APHIS.

#### 3. PHONE NUMBER

Enter a contact phone number for any questions about the request or shipment. A phone number is required for most couriers.

### 4. CONTACT EMAIL

Provide an email address to which questions about the request or shipment may be directed.

## 5. REAGENT REQUESTED

Enter one reagent per form. Describe the reagent exactly as it is listed in the CVB Reagents catalog (www.aphis.usda.gov/animal health/vet biologics/publications/vb

(www.aprils.usda.gov/animai\_neaitn/vet\_biologics/publications/vb\_ reagent\_catalog.pdf).

## 6. QUANTITY REQUESTED

Enter the quantity of reagent requested. Quantities are limited. APHIS reserves the right to amend the quantity provided.

## 7. INTENDED USE OF REAGENT

Specify how the reagent will be used. APHIS reagents are intended solely for use in testing veterinary biologics.

#### 8. NAME OF COURIER

Specify the courier service that should be used to ship the reagent.

#### 9. COURIER ACCOUNT NUMBER

Requestors are responsible for reagent shipping costs. Provide an account number to which shipping costs may be charged.

10. PERMIT TO RECEIVE INFECTIOUS SUBSTANCES ENCLOSED Interstate movement of certain infectious biological substances requires a US Veterinary Permit for the Importation and Transportation of Controlled Material and Organisms and Vectors. The permit is issued to the **recipient** of the shipment and must be provided with this form for inclusion in this shipment. See www.selectagents.gov for details.

Shipments of select agents require APHIS/CDC Form 2. See www.selectagents.gov for details.

#### 11. REMARKS

Use this item for miscellaneous information or instructions regarding your request.

12. NAME AND TITLE OF PERSON MAKING REQUEST Self-explanatory items

### 13. DATE SUBMITTED

Enter the date that the request form is forwarded to APHIS.

Completed requests may be submitted by mail or email:

Mail: USDA-APHIS-VS Center for Veterinary Biologics 1920 Dayton Avenue, P.O. Box 844 Ames, IA 50010

#### Email: VS.DB.CVB.Reagent.Requests@usda.gov

14-23. These items are for APHIS-Veterinary Biologics use only.

Recipients are asked to verify that the quantity received matches the amount listed in Item 14 and that the reagent remains in the temperature range specified in Item 15.

If reagents are damaged or if cold/frozen reagents have warmed, please contact the Center for Veterinary Biologics at (515) 337-6100 or CVB@usda.gov.