

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

<b>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b>	<b>SHIPMENT AND RECEIPT OF BIOLOGICS SAMPLES</b>	<b>1. DATE SUBMITTED</b>	<b>2. FIRM LICENSE NO.</b>
<b>INSTRUCTIONS:</b> Submit original and one copy with samples. <i>(Leave carbons intact.)</i>		<b>3. NAME AND MAILING ADDRESS OF FIRM</b> <i>(Include Zip Code)</i>	

**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**

<b>17. CONDITION AND REMARKS</b> _____ _____	<b>18. RECEIVED BY</b> <i>(Signature)</i> _____ <b>19. DATE RECEIVED</b> _____
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