



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

FORM APPROVED  
OMB NO. 0920-0578  
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  
Division of Agricultural Select Agents and Toxins  
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07  
Riverdale, MD 20737  
FAX: (301) 734-3652  
E-mail: [AgSAS@usda.gov](mailto: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](mailto: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:		
13. 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#:				
14. 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)				
15. Select agents and/or toxins to be transferred (for toxins, please include the amount):				
A				
B				
C				
D				
E				
16. Transfer is cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. 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: \_\_\_\_\_



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SECTION 2 – TO BE COMPLETED BY SENDER					
SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)					
	18. Select agents and/or toxins:	19. Characterization of agent:	20. Number of items (e.g., vial, slant, plant, etc.):	21. Form (powder/liquid/slant):	22. Total volume or weight of item contents (e.g., mL, mg, ng):
A					
B					
C					
D					
23. Transfer is cancelled: <input type="checkbox"/> Yes <input type="checkbox"/> No					
SECTION E – RECIPIENT NOTIFICATION INFORMATION					
24. Name of individual at recipient entity notified of expected shipment: First: MI: Last:			25. Date of notification:	26. Type of notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone	
SECTION F – SHIPPING INFORMATION					
27. Name of individual who packaged shipment: First: MI: Last:			28. Number of packages shipped:	29. Shipment date:	
30. Package description (size, shape, description of packaging including number and type of inner packages):					
31. Airway bill number/bill of lading number/tracking number:					

I hereby acknowledge that regardless of the carrier used to execute an approved transfer of select agents and/or toxins, it is the responsibility of the sender to ensure the transfer/shipment is in compliance with applicable federal, state and local requirements for packaging and transportation, such as the U.S. Department of Transportation (DOT) Hazardous Materials Regulations for the transport of Infectious Substances. In addition, I acknowledge that for plant pathogens, interstate and certain intrastate movements will require a valid USDA/APHIS permit. I understand that knowingly providing a false statement on any part of this form or violating the federal select agent regulations (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)	
32. Name of individual who received shipment: First: Last:	33. Date of receipt:
34. The agents/toxins listed in Section 2 were received: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain discrepancy in separate attachment.	
35. 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).