Instructions

Answer all items completely and type or print in ink. Questions concerning the completion of this form can be directed to the respective agency listed below:

Division of Agricultural Select Agents and Toxins
Telephone: (301) 851-2070
Email: DASAT@usda.gov

Division of Regulatory Science and Compliance
Telephone: (404) 718-2000
Email: cdcform2@cdc.gov

This form must be signed and submitted to either:

Division of Agricultural Select Agents and Toxins
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: (301) 734-3652
Email: DASAT@usda.gov

Division of Regulatory Science and Compliance
1600 Clifton Road NE, Mailstop H21-4
Atlanta, GA 30329
FAX: (404) 471-8468
Email: cdcform2@cdc.gov

Section 1 – To Be Completed By Recipient

Section A – Recipient Information

Blocks A1 – Recipient Entity Name:

- □ Print information as it appears on your entity's current certificate of registration.

Block A2 – Recipient Principal Investigator Name:

- □ Print the full name of the Principal Investigator (PI) who will be responsible for the requested select agents and/or toxins.

Section B – Sender Information

Note: The recipient entity should communicate with the sender to complete Section B.

Block B3-B11 – Sender Information:

- □ Provide complete and accurate information.
- □ For an entity registered with APHIS or CDC, provide the entity's information as it appears on the current certificate of registration, if known.
- □ For a non-registered entity, provide the complete name and address of the entity. (e.g., International Business Machine Corporation instead of IBM).
- □ For non-registered entities, provide the full legal name of the entity's Laboratory Supervisor.
  - ➢ Note: The term 'Laboratory Supervisor' refers to the person ultimately responsible for the overall operation and administration of the laboratory and who ensures that quality standardized testing methods provide accurate and reliable results.
- □ Provide the direct dial 10-digit telephone number including extension, and email address including the domain (e.g., .org, .gov, .edu, .com, .net). for the individual listed in Block 6.

Block B12 – Identification of a Select Agent or Toxin in a Clinical/Diagnostic Sample:

- □ If 'Yes', provide the APHIS/CDC Form 4 'Reporting the Identification of a Select Agent or Toxin from a

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Clinical/Diagnostic Specimen' number. Contact APHIS or CDC for the number, if needed.

Block B13 – A Product of a Restricted Experiment:

- □ If 'Yes', provide the description used in the Federal Select Agent Program approval letter for the restricted experiment that produced the agent.
  Note: Refer to Section 13 of the regulations for information concerning a restricted experiment.

Section C – List of Select Agents and Toxins Requested

Note: The recipient entity must be registered for all select agents and/or toxins listed in Block C14 prior to APHIS or CDC authorizing the requested transfer.

Block C14 – Select Agents and Toxins Requested:

- □ List all select agents and/or toxins being requested by the recipient entity exactly as it appears in the Select Agent regulations. (Select Agent/ToxinList)
- □ List only one select agent or toxin per line.

Block C15 – Transfer Cancellation:

- □ If 'Yes', provide a reason for cancellation and resubmit the form.

Block C16 – Name of Carrier and DOT Registration Number:

- □ Provide the complete name of carrier and DOT number.
  - ➢ If hand delivered, provide name of individual. The individual must have approval to access select agents or toxins from APHIS or CDC.

Signature:

- □ The recipient Responsible Official [or the Alternate Responsible Official (ARO)] or Laboratory Supervisor must print their name, title, sign, and date below Section C.

Section 2 – To Be Completed by Sender

Section D – List of Select Agents and Toxins Shipped

Block D17-D21 – Select Agents and Toxins Shipped. Complete All Blocks:

- □ List all select agents and/or toxins that will be transferred to the recipient entity exactly as they appear in the Select Agent regulations (Select Agent/Toxin List). The select agents and/or toxins listed in this section should be included in the list of requested select agents and toxins in Section C.
  - ➢ Only those select agents and/or toxins listed in Block C14 are authorized for transfer to the recipient entity.
- □ List only one select agent or toxin per line.
- □ List the strain designation(s) for all select agents and toxins listed in Block D17 if known, otherwise leave blank.
- □ For each select agent or toxin listed in Block D17, list the total number of items (primary containers or plants) to be transferred.
- □ If a select agent or toxin is to be transferred in more than one form, please list the select agent or toxin on two or more rows in the Section D table and complete Blocks D17-21 for each form. (See example below)
- □ For each select agent or toxin listed in Block D17, enter the total volume or weight of all item contents to be transferred.

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Example: If you are shipping six vials with individual volumes of 50 µL, 100 µL, 500 µL, 125 µL, 250 µL, and 600 µL you would enter 1.625 mL in Block D21.

Note: If you are shipping agar slants or plates, please enter the total number of slants or plates to be shipped in Block D19 and leave Block D21 blank.

Section E – Recipient Notification Information

Blocks E22-E24 – Contact Information for Individual Notified of Expected Shipment:

- □ Provide complete name of individual notified, date of notification and method used to notify the individual at recipient entity.

Section F – Shipping Information

Blocks F25-F29 – Packaging and Shipping Information:

- □ Print the name of the individual at the sender entity who packaged the select agents and/or toxins for shipment.

  Note: For a registered entity, the individual must have approval to access select agents or toxins from APHIS or CDC.
- □ Enter the total number of packages to be shipped to the recipient entity.
- □ Enter the date that all packages indicated in Block F27 will be shipped to the recipient entity.
- □ Provide a detailed description of how the select agents and/or toxins were packaged for shipment. The description should include items such as the size, shape, and a description of the packaging and the number and type of inner packages.

  Note: All select agent and/or toxin transfers must be packaged, labeled, and shipped in accordance with all federal and international regulations. FSAP transfer approval does not indicate compliance.
- □ Enter the shipment tracking number(s) (e.g., airway bill number, bill of lading number, tracking number, etc.) for all packages being shipped.

  Note: After approval by APHIS or CDC and **prior** to sending the shipment, the sender must place one copy of the completed and signed Section 2 of APHIS/CDC Form 2 in the shipment and send one copy of the completed and signed Section 2 of the form to APHIS or CDC.

Signature:

- □ The sending Responsible Official [or the Alternate Responsible Official (ARO)] or Laboratory Supervisor must print their name, title, sign, and date below Section F.

Section 3 – To Be Completed by Recipient

Note: If the select agents or toxins are not received within 48 hours after the expected delivery time or if the package(s) received containing select agents or toxins has/have been damaged to the extent that a release of the select agents or toxins may have occurred, the recipient's RO must immediately report this to APHIS or CDC and submit a completed APHIS/CDC Form 3, 'Report of Theft, Loss, or Release of Select Agents and

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Toxins' to APHIS or CDC. Additional guidance for submitting an APHIS/CDC Form 3 is available at https://www.selectagents.gov/. Provisions for unexpected shipments of select agents or toxins must be described in the entity's security plan that includes securing containers on site.

Blocks 30-33 –Shipment Receipt and Condition:

- □ Print the complete name of the individual who received the shipment.

  Note: The individual must have approval to access select agents or toxins from APHIS or CDC.
  - ➢ For the purposes of the APHIS/CDC Form 2, 'received' refers to the individual who opens the package under appropriate biocontainment conditions and verifies the contents.
  - ➢ If an individual not approved to access select agents or toxins from APHIS or CDC opens the package or the package is not handled under appropriate biocontainment conditions, the entity should contact APHIS or CDC immediately. An APHIS/CDC Form 3 may be required.
- □ Enter the date of receipt.

  Note: This section must be completed and submitted within 2 days of receipt.
- □ If all of the select agents and/or toxins listed in Section D of APHIS/CDC Form 2 were not received (or if additional select agents and/or toxins not listed in Section D were received), select 'No' and fully describe the discrepancy in a separate attachment.

  Note: The entity must immediately notify APHIS or CDC and submit a completed APHIS/CDC Form 3.
- □ If the package(s) received by the recipient entity **were not** packaged, labeled, and shipped in accordance with all federal and international regulations, select 'No' and fully describe the discrepancy in a separate attachment.

Signature:

- □ The recipient Responsible Official [or the Alternate Responsible Official (ARO)] or Laboratory Supervisor must print their name, title, sign, and date below Section 3.