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| 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 0579-0430. The time required to complete this information collection is estimated to average 1 hour 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. | | | | | | | | | | OMB Approved  0579-0430  Exp. 02/2025 |
| **United States Department of Agriculture**  **Animal and Plant Health Inspection Service**  **Veterinary Services** | | | | **NVSL Contact Information Update** | | | | | | |
| Name of Business/Laboratory (*Required*): | | | | | | | Business type: | | | |
| Address 1: | | | | | | | | | | |
| Address 2: | | | | | | | | | | |
| City: | | | | State/Province: | | | | | | |
| Postal Code: | | | | Country: | | | | | | |
| Business Phone Number (*Required*): | | | Business Fax Number (*Optional*): | | | | | Business Premises ID: | | |
| Business Email Address(s) *(To be included in all reports associated with this business)*: | | | | | | | | | | |
| **Individuals Authorized to Submit and Incur Expenses Under this Business (Select Individual and Enter Contact Information)** | | | | | | | | | | |
| **Individual:  Veterinarian  Biologist  Animal Health Technician  Other (Specify)** | | | | | | | | | | |
| Salutation: | First Name: | Middle Name: | | | | Last Name: | | | | |
| Individual Email Address(s) *(To be included in all reports submitted)*: | | | | | Phone Number: | | | | National Veterinary Accreditation Number *(Optional)*: | |
| **Individual:  Veterinarian  Biologist  Animal Health Technician  Other (Specify)** | | | | | | | | | | |
| Salutation: | First Name: | Middle Name: | | | | Last Name: | | | | |
| Individual Email Address(s) *(To be included in all reports submitted)*: | | | | | Phone Number: | | | | National Veterinary Accreditation Number *(Optional)*: | |
| **Individual:  Veterinarian  Biologist  Animal Health Technician  Other (Specify)** | | | | | | | | | | |
| Salutation: | First Name: | Middle Name: | | | | Last Name: | | | | |
| Individual Email Address(s) *(To be included in all reports submitted)*: | | | | | Phone Number: | | | | National Veterinary Accreditation Number *(Optional)*: | |
| **Individual:  Veterinarian  Biologist  Animal Health Technician  Other (Specify)** | | | | | | | | | | |
| Salutation: | First Name: | Middle Name: | | | | Last Name: | | | | |
| Individual Email Address(s) *(To be included in all reports submitted)*: | | | | | Phone Number: | | | | National Veterinary Accreditation Number *(Optional)*: | |
| **Individual:  Veterinarian  Biologist  Animal Health Technician  Other (Specify)** | | | | | | | | | | |
| Salutation: | First Name: | Middle Name: | | | | Last Name: | | | | |
| Individual Email Address(s) *(To be included in all reports submitted)*: | | | | | Phone Number: | | | | National Veterinary Accreditation Number *(Optional)*: | |
| **Comments/Additional Instructions:** | | | | | | | | | | |
| **□ This record is no longer needed; remove it from your active files**. | | | | | | | | | | |
| **Return updated forms via one of the following ways:**  Email: [NVSL.info@usda.gov](mailto:NVSL.info@usda.gov) Fax Number: 515-337-7022  Mail: USDA/APHIS/VS/National Veterinary Services Laboratories | Attn: LIMS Contact Update | 1920 Dayton Ave. | Ames, IA 50010 | | | | | | | | | | |

VS FORM 4-10  
JUN 2024