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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 <i>(Required)</i> :		Business type:
Address 1:		
Address 2:		
City:	State/Province:	
Postal Code:	Country:	
Business Phone Number <i>(Required)</i> :	Business Fax Number <i>(Optional)</i> :	Business Premises ID:
Business Email Address(s) <i>(To be included in all reports associated with this business)</i> :		

**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