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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 Approved0579-0430Exp. 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.govFax Number: 515-337-7022Mail: USDA/APHIS/VS/National Veterinary Services Laboratories | Attn: LIMS Contact Update | 1920 Dayton Ave. | Ames, IA 50010 |

VS FORM 4-10
JUN 2024