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OMB NO.: 0579-0013

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
CENTER FOR VETERINARY BIOLOGICS (CVB)**

**INSTRUCTIONS: Submit in triplicate to:
USDA-APHIS-VS
The Center for Veterinary Biologics
1800 Dayton Ave., P.O. Box 844
Ames, Iowa 50010**

**REQUEST FOR REFERENCE, REAGENT,
OR REAGENT SEED MATERIAL
(Only one reference, reagent, or seed material on
each form.)**

REQUEST

REQUESTING FIRM's NAME:	COMPLETE MAILING ADDRESS (No P.O. BOX):	DATE OF REQUEST:	LICENSE OR PERMIT NO.:
PHONE NO. (Needed for shipping):			
REAGENT REQUESTED:	CVB NOTICE ISSUE DATE:	QUANTITY REQUESTED:	PURPOSE OF REFERENCE:
NAME OF COURIER:	REMARKS:		
COURIER ACCOUNT NO. (For shipping to be charged):			
NAME AND TITLE OF PERSON MAKING REQUEST:	SIGNATURE:	DATE:	

REPLY

AMOUNT SHIPPED LOT NO.:	REMARKS:		
A. NUMBER OF CONTAINERS:			
B. VOLUME OF EACH CONTAINER:			
C. TOTAL VOLUME:			
REFRIGERATION: <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE SHIPPED:	SHIPPED BY:	
NAME AND TITLE OF CVB OFFICIAL:	SIGNATURE:	DATE:	

RECEIPT

AMOUNT RECEIVED:	REMARKS:		
A. NUMBER OF CONTAINERS:			
B. TOTAL VOLUME:			
CONDITION OF SHIPMENT:	DATE RECEIVED:		
NAME AND TITLE OF PERSON WHO RECEIVED SHIPMENT:	SIGNATURE:	DATE:	