

### REQUEST TO TRANSFER SELECT AGENTS AND TOXINS (APHIS/CDC FORM 2)

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 10/31/2014

Detailed instructions are available at <u>http://www.selectagents.gov/TransferForm.html</u>. Answer all items completely and type or print in ink. This request must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service Agricultural Select Agent Program 4700 River Road Unit 2, Mailstop 22, Cubicle 1A07 Riverdale, MD 20737 FAX: (301) 734-3652 Email: ASAP@aphis.usda.gov Centers for Disease Control and Prevention Division of Select Agents and Toxins 1600 Clifton Road NE, Mailstop A-46 Atlanta, GA 30333 FAX: (404) 718-2096 Email: form2@cdc.gov

Accession Number:

(For Program Use ONLY)

### Submit completed form only once by either email, fax, or mail

# APHIS/CDC AUTHORIZATION NUMBER:

EXPIRATION DATE:

SECTION 1 – TO BE COMPLETED BY RECIPIENT SECTION A – RECIPIENT INFORMATION									
3. Address (NOT a post office address):	4. City:	5. State:	6. Zip Code:						
7. Principal Investigator name:	8. a. APHIS Permit #:								
First: MI: Last:	b. US PHS #:								
9. Responsible Official (RO) name: First: MI: Last:	10. RO Telephone #:								
11. RO Fax #:	12. RO E-mail address:								
SECTION B – SENDER INFORMATION									
13. Entity name:	14. □ Entity registration number:   □ Clinical/diagnostic laboratory   □ Other:								
15. Address (NOT a post office address):	16. City:	17. State:	18. Zip Code:						
19. Responsible Official (RO) or facility director:   20. RO/Facility Director Telephone #:     First:   MI:   Last:									
21. RO/Facility Director Fax #:	D/Facility Director Fax #: 22. RO/Facility Director E-mail address:								
23. This transfer request is for a select agent or toxin that was identified in a clir If yes, please ensure that an APHIS/CDC Form 4 "Report of the Identificat		APHIS or CDC v	vithin 7 calendar days.						
SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)									
24. Select agents and/or toxins to be transferred:									
A									
В									
С									
D									
E									
F									
G									
I berefy contify that the information contained in Section 1 on this form is true on	d correct to the best of my knowledge. Lunder	tand that if I kn	owingly provide a false						

I hereby certify that the information contained in Section 1 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official:

Typed or printed name of Responsible Official:

Title: \_\_\_\_

Date Signed: \_\_\_\_\_



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APHIS/CDC AUTHORIZATION NUMBER:

EXPIRATION DATE:

SECTION 2 – TO BE COMPLETED BY SENDER									
SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)									
	25. Select agents and/or toxins:	26. Characterization of agent:		27. Number of items (e.g. vial, slant, plant, etc.):	28. Form (powder/liquid/ slant):		29. Total volume or weight of item contents (e.g., mL, mg, ng):		
А									
В									
С									
D									
E F									
г G									
SECTION E – RECIPIENT NOTIFICATION INFORMATION									
30. Name of Individual at Recipient Entity notified of Expected Shipment: 31. Date of notification: 32. Type of notification:						ation:			
Firs		peeted ompinient.	on. Date of field	ileation.			□ Fax □ Telephone		
SECTION F – SHIPPING INFORMATION									
33. Name of individual who packaged shipment:   34     First:   MI:   Last:     36. Package description (size, shape, description of packaging including number				Number of packages shipped: 35. Shipment Date:   Ind type of inner packages): 35. Shipment Date:			e:		
37. Name of carrier (If hand-delivered, please provide name of individual):   38. Airway bill number/bill of lading number/tracking number:									
I hereby certify that the select agents and/or toxins were packaged, labeled, and shipped in accordance with all federal and international regulations and information contained in Section 2 of this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.									
Sigi	Signature of Sender: Title:								
Typed or printed name of Sender: Date Signed:									
	· ·	N 3 – TO BE 0	COMPLETE						
	Name of individual who received shipment:	40. 🗆 Tra	Transfer Did Not Occur  Transfer Occurred/Date of Receipt:						
	First:   MI:   Last:     41. The agents/toxins listed in Section 2 were received:   42. Shipment was packaged, labeled, and shipped in accordance w     □ Yes   □ If no, explain discrepancy in separate attachment.   regulations:   □ Yes   □ If no, explain discrepancy in separate attachment.								
I hereby certify that the information contained in Section 3 on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, and 42 CFR 73 may result in civil or criminal penalties, including imprisonment.									
Signature of Responsible Official: Title:									
Тур	bed or printed name of Responsible Official: Date Signed:								
Publ gathe unles CDC	ic reporting burden: Public reporting burden of this collection of ering and maintaining the data needed, and completing and review si the displays a currently valid OMB control number. Send commer (ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D- IS/CDC FORM 2 (10/31/2014)	information is estimated to av ving the collection of informat its regarding this burden esti	verage 1.5 hours per r tion. An agency may n mate or any other asp	esponse, including the til ot conduct or sponsor, a ect of this collection of in	me for r ind a pe	reviewing instructions, se erson is not required to re	arching existing data sources, spond to a collection of information		