

APHIS/CDC Select Agent Transfer Procedures

PHASE 1 – Authorization Request

1. Recipient and Sender make contact to determine what select agent(s) and/or toxin(s) they would like to transfer and when they would like to make the transfer.
2. Recipient completes *all* of Section 1 (Blocks 1-24 in Subsections A, B, and C) of [APHIS/CDC Form 2](#).
 - Sender may complete Section B if recipient does not know sender's information.
3. Recipient Responsible Official signs and dates below Section 1 (bottom of page 1).
4. Recipient submits the completed/signed first page of [APHIS/CDC Form 2](#) to APHIS or CDC.

CDC: Fax (404) 718-2096, Email lrsat@cdc.gov or Form2@cdc.gov, or Mail
Centers for Disease Control and Prevention, Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46, Atlanta, GA 30333

APHIS: Fax (301) 734-3652, Email ASAP@aphis.usda.gov, or Mail
Animal and Plant Health Inspection Service, Agricultural Select Agent Program
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07, Riverdale, MD 20737

IF THE TRANSFER INVOLVES THE IMPORTATION OR INTERSTATE TRANSFER OF A SELECT AGENT OR TOXIN, PLEASE REFER TO <http://www.aphis.usda.gov/vs/ncie/>, <http://www.aphis.usda.gov/ppq/permits/>, AND/OR <http://www.cdc.gov/od/eaipp/> FOR THE APPLICATIONS AND INSTRUCTIONS FOR OBTAINING THE NECESSARY PERMIT(S)

PHASE 2 – Review

5. APHIS or CDC reviews the transfer request.
 - If any item in Section 1 is missing, illegible, or requires clarification APHIS or CDC will contact the Recipient to obtain the necessary information prior to reviewing the transfer request.
6. A decision letter or authorization is typically provided within 48 hours, assuming there are no discrepancies with the completed/signed first page of [APHIS/CDC Form 2](#) that was submitted. If approved, APHIS or CDC will fax an authorization letter and the approved [APHIS/CDC Form 2](#) signifying that the requested transfer of select agents and/or toxins can occur.

IF YOU WISH TO MAKE ANY CHANGES TO AN AUTHORIZED TRANSFER, PLEASE NOTIFY APHIS OR CDC IMMEDIATELY ENTITIES HAVE 30 CALENDAR DAYS FROM THE DATE OF AUTHORIZATION TO COMPLETE THE TRANSFER

PHASE 3 – Shipment

7. Immediately preceding the shipment, the Sender must complete Section 2, Subsections D, E and F on the second page of [APHIS/CDC Form 2](#) and sign & date directly below Section 2.
8. Sender faxes or emails a copy of the second page to APHIS or CDC and includes a copy of the page inside the shipment to the Recipient.

CDC: Fax (404) 718-2096, Email lrsat@cdc.gov or Form2@cdc.gov,

APHIS: Fax (301) 734-3652, Email ASAP@aphis.usda.gov,

ALL INDIVIDUALS LISTED IN SECTION F MUST HAVE RECEIVED ACCESS APPROVAL FROM APHIS OR CDC

PHASE 4 – Receipt Verification

9. Upon receipt of the shipment, the Recipient completes Section 3 of [APHIS/CDC Form 2](#) and the Recipient Responsible Official signs & dates directly below Section 3.
10. The Recipient faxes or emails the completed [APHIS/CDC Form 2](#) to either APHIS or CDC and to the Sender within 2 business days of receipt of the shipment.

THE INDIVIDUAL LISTED IN SECTION 3 MUST HAVE RECEIVED ACCESS APPROVAL FROM APHIS OR CDC

IF THE SELECT AGENTS AND/OR TOXINS HAS/HAVE NOT BEEN RECEIVED WITHIN 48 HOURS AFTER THE EXPECTED DELIVERY TIME OR IF THE PACKAGE RECEIVED CONTAINING SELECT AGENTS AND/OR TOXINS HAS/HAVE BEEN DAMAGED TO THE EXTENT THAT A RELEASE OF THE SELECT AGENTS AND/OR TOXINS MAY HAVE OCCURRED, THE RECIPIENT'S RO MUST IMMEDIATELY REPORT THIS TO APHIS OR CDC

IF THE TRANSFER DOES NOT OCCUR ON OR BEFORE THE TRANSFER EXPIRATION DATE, THE RECIPIENT RESPONSIBLE OFFICIAL MUST COMPLETE BLOCK 40 IN SECTION 3, SIGN/DATE BELOW SECTION 3, AND SEND THE COMPLETED APHIS/CDC FORM 2 TO APHIS OR CDC