

## 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 <a href="http://www.selectagents.gov/TransferForm.html">http://www.selectagents.gov/TransferForm.html</a>. 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 I	DATE:					
SECTION 1 -	TO BE COMPLETED BY RECIPIE	NT					
SECTION A – RECIPIENT INFORMATION							
1. Entity name:	2. Entity registration number:						
3. Address (NOT a post office address):	4. City:	5. State:	6. Zip Code:				
7. Principal Investigator name:	8. a. APHIS Permit #:	L					
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:	12. RO E-mail address:					
SECT	TION B – SENDER INFORMATION						
13. Entity name:	14. ☐ Entity registration number☐ Clinical/diagnostic labora☐ Other:						
15. Address (NOT a post office address):	16. City:	17. State:	18. Zip Code:				
19. Responsible Official (RO) or facility director: First: MI: Last:	20. RO/Facility Director Telephone	e #:	l				
21. RO/Facility Director Fax #:	22. RO/Facility Director E-mail add	22. RO/Facility Director E-mail address:					
23. This transfer request is for a select agent or toxin that was id If yes, please ensure that an APHIS/CDC Form 4 "Report of SECTION C – LIST OF SELECT AGENTS		nitted to APHIS or CDC					
24. Select agents and/or toxins to be transferred:							
A							
В							
С							
D							
Е							
F							
G							
I hereby certify that the information contained in Section 1 on this statement on any part of this form, or its attachments, I may be s 121, and 42 CFR 73 may result in civil or criminal penalties, including	subject to criminal fines and/or imprisonment. I further						
Signature of Responsible Official:	• .						
Typed or printed name of Responsible Official:	Date Signed:						



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FAX: (301) 734-3652 Email: ASAP@aphis.usda.gov

Typed or printed name of Responsible Official: \_\_\_

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:

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AP	PHIS/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 ag		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):		
Α								
В								
C								
D								
E F								
G								
	SECTIO	N E – RECIPIEN	T NOTIFICA	ATION INFORMA	TION			
			Date of notification:  32. Type of notification:  □ E-mail □ Fax □ Telephone					
SECTION F – SHIPPING INFORMATION								
33. Name of individual who packaged shipment:  All:  A			34. Number	Number of packages shipped: 35. Shipment Date:				
36.	Package description (size, shape, description of package description descrip	ckaging including num	nber and type o	of inner packages):				
37. Name of carrier (If hand-delivered, please provide name of individual):				38. Airway bill number/bill of lading number/tracking number:				
cor or i	ereby certify that the select agents and/or toxins were tained in Section 2 of this form is true and correct to ts attachments, I may be subject to criminal fines an I or criminal penalties, including imprisonment.	the best of my knowl	edge. I unders	tand that if I knowing	ly provide a false stateme	ent on any part of this form,		
Signature of Sender:				Title:				
Typed or printed name of Sender: Date Signed:								
		N 3 – TO BE (			PIENT			
Firs					cur			
41. The agents/toxins listed in Section 2 were received:  ☐ Yes ☐ If no, explain discrepancy in separate attachment.				42. Shipment was packaged, labeled, and shipped in accordance with regulations: ☐ Yes ☐ If no, explain discrepancy in separate attachment.				
sta	ereby certify that the information contained in Section tement on any part of this form, or its attachments, I I, and 42 CFR 73 may result in civil or criminal penal	n 3 on this form is true may be subject to crir	and correct to minal fines and	the best of my know	ledge. I understand that	if I knowingly provide a false		
Signature of Responsible Official:				Title:				

Public reporting burden: Public reporting burden of this collection of information is estimated to average 1.5 hours 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. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576).

APHIS/CDC FORM 2 (10/31/2014)

Date Signed: \_