

# 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 1-26 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) 471-8468, Email [lsat@cdc.gov](mailto:lsat@cdc.gov) or [Cdcform2@cdc.gov](mailto:Cdcform2@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 30329
  - APHIS:** Fax (301) 734-3652, Email [AgSAS@aphis.usda.gov](mailto:AgSAS@aphis.usda.gov), or Mail Animal and Plant Health Inspection Service, Agriculture Select Agent Services 4700 River Road Unit 2, Mailstop 22, Cubicle 1A07, Riverdale, MD 20737



## **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) 471-8468, Email [lsat@cdc.gov](mailto:lsat@cdc.gov) or [Cdcform2@cdc.gov](mailto:Cdcform2@cdc.gov),
  - APHIS:** Fax (301) 734-3652, Email [AgSAS@aphis.usda.gov](mailto:AgSAS@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 RESPONSIBLE OFFICIAL 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 42 IN SECTION 3, SIGN/DATE BELOW SECTION 3, AND SEND THE COMPLETED APHIS/CDC FORM 2 TO APHIS OR CDC***