

Form 2 Section 1 Quick Reference Guide – Recipient

1. The Recipient logs into eFSAP. On the entity homepage, click **Form 2**. Click **Create Form 2**.

Select an Action x

Select an action for the APHIS/CDC FORM 2 REQUEST TO TRANSFER SELECT AGENTS AND TOXINS.

The APHIS/CDC Form 2, Request to Transfer Select Agents and Toxins, is used by entities to request prior authorization of a transfer of select agent(s) or toxin(s) from the Federal Select Agent Program as required by regulations (7 CFR 331, 9 CFR 121, and 42 CFR 73). An importation or domestic movement permit (PPQ Form 526) for plant select agent pathogens is required under 7 CRF Part 330, in addition to an approved APHIS/CDC Form 2.

Create Form 2

Id	Status	Date Created			
T-F2-000010	Transfer Completed	12/8/17	Edit Section 1	Edit Section 2	Edit Section 3

Exit

2. The Recipient fills out Section 1.

SECTION 1 – TO BE COMPLETED BY RECIPIENT

Transfer ID: T-F2-000010

SECTION A – RECIPIENT INFORMATION	
1. Principal Investigator name: <input type="text"/>	

SECTION B – SENDER INFORMATION	
2. Entity name: <input type="text"/>	3. Entity Registration <input checked="" type="radio"/> Registered Entity <input type="text" value="Enter Registration Number"/> <input type="radio"/> Clinical/Diagnostic Laboratory <input type="radio"/> Other
4. Address (NOT a post office address): <input type="text"/>	5. City: <input type="text"/>
6. State: <input type="text" value="-- Select an option--"/>	7. Zip Code: <input type="text" value="____-____"/>
8. Country: <input type="text" value="-- Select an option--"/>	
9. Responsible Official (RO) or Facility Director: <input type="text" value="First MI Last"/>	10. RO/Facility Director telephone #: <input type="text"/>
11. RO/Facility Director fax #: <input type="text"/>	12. RO/Facility Director e-mail address: <input type="text"/>
	Invalid Email
13. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: <input type="radio"/> Yes <input checked="" type="radio"/> No	
14. Is the agent a product of a restricted experiment, as defined in section 13 of the select agent regulations? <input type="radio"/> Yes <input checked="" type="radio"/> No	
15. Name of carrier (If hand-delivered, please provide name of individual) <input type="text"/>	

- a. Section A is a dropdown populated by the recipient entity.
- b. Section B is the Sender information. Coordinate with the Sender to ensure that this information is accurate. **Note:** If the Sender is part of a registered entity, you must enter the Sender’s Registration number.
- c. If the transfer request is made for a select agent or toxin identified in a clinical or diagnostic sample, you must fill out a Form 4 (Question 13).
- d. If the select agent or toxin is a product of a restricted experiment, a description of the restricted experiment is required (Question 14).
- e. Enter both the courier name and their **DOT registration number** (Question 15).
- f. Section C is the list of select agents/toxins being requested for transfer. When you select the select agent or toxin from the dropdown menu, click **Add Agent/Toxin** to apply it to the Section 1.

SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)

16. Select agents and/or toxins to be transferred:

Add Agent and/or toxins to save to this form

 Add Agent/Toxin

Click "Add Agent/Toxin" to make your selection

Agent Toxin Name

 Signature

Certification: 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:

Title:

Date Signed:

 Submit

 Save Update

- g. Enter the name and title of the RO. This functions as the RO signature.
 - h. Click **Submit**. Clicking **Save Update** does **NOT** submit the Section 1.
 - i. A dialog box will inform you that the status of the Transfer Request will change to "Transfer in Review". Click **OK**.
 - j. A dialog box will inform you that the data has been successfully submitted.
 - k. Entity homepage will display a notification for the submitted Transfer Request.
3. The FSAP Reviewer will approve Section 1 of the Transfer Request after verifying the information. Both the recipient and the sender will receive a notification of this approval through eFSAP and/or email, and the transfer status will change to "Section 2 Pending". This approval expires after **30 calendar days**.