

Form 2 Section 3 Quick Reference – Recipient

1. The Recipient logs into eFSAP, navigates to Form 2, and clicks **Edit Section 3** of the relevant transfer request.
2. The Recipient fills out Section 3 of the Transfer Request. If the package did not arrive as expected, explain the discrepancy. If the transfer gets cancelled, email CDCForm2@cdc.gov.

SECTION 3 – TO BE COMPLETED BY RECIPIENT (Within 2 days of transfer receipt as defined in Section 18 2(h) of the Select Agent Regulations)

Transfer ID: T-F2-000010

SECTION 3

<p>33. Name of individual who received shipment:</p> <input type="text" value="Enter Name"/>	<p>34. Did the transfer occur?</p> <p><input type="radio"/> No, transfer did not occur <input checked="" type="radio"/> Yes, transfer occurred</p> <p>Date of receipt</p> <input type="text" value="mm/dd/yyyy"/> Invalid Date
<p>35. The agents/toxins listed in Section 2 were received:</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> If no, explain discrepancy.</p>	<p>36. Shipment was packaged, labeled, and shipped in accordance with regulations:</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> If no, explain discrepancy.</p>

Signature

Certification: 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:** **Date Signed:**

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 30329; ATTN: PRA (0920-0576).

3. Click **Submit**. Clicking **Save Update** does **NOT** submit the Section 3.