

REQUEST TO TRANSFER SELECT AGENTS AND TOXINS (APHIS/CDC FORM 2)

FORM APPROVED -OMB NO. 0920-0576 EXP DATE: 02/28/2027

Detailed instructions are available at http://www.selectagents.gov/form2.html. This request must be submitted to either DASAT or DRSC.

Animal and Plant Health Inspection Service Division of Agricultural Select Agents and Toxins 4700 River Road Unit 2, Mailstop 22, Cubicle 1A07 Riverdale, MD 20737

FAX: (301) 734-3652 E-mail: <u>DASAT@usda.gov</u> Centers for Disease Control and Prevention Division of Regulatory Science and Compliance 1600 Clifton Road NE, Mailstop H21-4 Atlanta, GA 30329 FAX: (404) 471-8468

E-mail: cdcform2@cdc.gov

Submit completed form only once by either eFSAP, e-mail, or fax

SECTION 1 – TO BE COMPLETED BY RECIPIENT					
SECTION A - RECIPIENT INFORMATION					
Entity name: .	2. Principal Investigator na First:	ime: MI:	Last:		
SECTION	N B – SENDER INFORMATION				
3. Entity name:	4. Address (NOT a post of	fice address):			
Responsible Official (RO) or Laboratory Supervisor: First: Last:	6. City:	7. State:	8. Zip code:	9. Country:	
10. RO/Laboratory Supervisor telephone #:	11. RO/Laboratory Super	visor e-mail address:			
12. This transfer request is for a select agent or toxin that was identifully ges, provide the APHIS/CDC Form 4 clinical ID#:	fied in a clinical or diagnostic sample:	Yes 🔲 No			
13. Is the agent a product of a restricted experiment, as defined in se Select Agent Program approval letter for the restricted experiment the		If yes, provide the de	escription used in	the Federal	
SECTION C - LIST OF SELECT AGENTS AN	ND TOXINS REQUESTED (attac	h additional she	ets if necessa	ary)	
14. Select agents and/or toxins to be transferred (for toxins, please in	nclude the total amount):				
A					
В					
С					
D					
Е					
15. Transfer is cancelled: Yes No					
16. Name of carrier and DOT registration number (If hand-delivered,	please provide name of individual):				
I hereby certify that the information contained in Section 1 on this forn statement on any part of this form, or its attachments, I may be subje CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalt	ct to criminal fines and/or imprisonment.				
Signature of Responsible Official:	Title:				
Typed or printed name of Responsible Official:	Nate:				



E-mail: DASAT@usda.gov

or criminal penalties, including imprisonment.

Typed or printed name of Sender:

Signature of Sender:___

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T-F2 number:	
Expiration date:	

SECTION 2 – TO BE COMPLETED BY SENDER				
SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)				
17. Select agents and/or toxins:	18. Characterization of agent:	19. Number of items (e.g., vial, slant, plant, etc.):	20. Form (powder/liquid/ slant):	21. Total volume or weight of item contents (e.g., mL, mg, ng):
Α				
В				
С				
D				
E				
SECTION E - RECIPIENT NOTIFICATION INFORMATION				
22. Name of individual at recipient entity notified of expected shipment: First: MI:- Last:	23. Date of notification:		Type of Notification E-mail ☐ Fa	
SECTION F – SHIPPING INFORMATION				
25. Name of individual who packaged shipment: First: Ml: Last:	26. Number of packages shipped: 27. Shipment date:		e :	
28. Package description (size, shape, description of packaging including nu	imber and type of inner pa	ackages):		
29. Airway bill number/bill of lading number/tracking number:				
hereby acknowledge that regardless of the carrier used to execute an approved trans n compliance with applicable federal, state and local requirements for packaging and to or the transport of Infectious Substances. In addition, I acknowledge that for plant patho hat knowingly providing a false statement on any part of this form or violating the fed	ransportation, such as the U. gens, interstate and certain ir	S. Department of Transtate movements	Insportation (DOT) Ha will require a valid USE	zardous Materials Regulations DA/APHIS permit. I understand

Date:

SECTION 3 – TO BE COMPLETED BY RECIPIENT (Within 2 days of receipt of shipment)				
30. Name of individual who received shipment:	31. Date of receipt:			
First: Last:				
32. The agents/toxins listed in Section 2 were received: Yes If no, explain discrepancy in separate attachment.				
33. Shipment was packaged, labeled, and shipped in accordance with regulations: If no, explain discrepancy in separate attachment.	Yes No			
	correct to the best of my knowledge. I understand that if I knowingly provide a false fines and/or imprisonment. I further understand that violations of 7 CFR Part 331, 9 imprisonment.			
Signature of Responsible Official:	Title:			
Typed or printed name of Responsible Official:	Date:			
Public reporting burden: Public reporting burden of this collection of information is estimated to average gathering and maintaining the data needed, and completing and reviewing the collection of information. An				

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).