# AgSAS/DSAT 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.
   - Please note that Block 39 of (found in Section F of the form) must be completed BEFORE the transfer is approved. Please see the Request for Transfer policy statement for more details.

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 AgSAS or DSAT.
   - **DSAT**: Fax (404) 471-8468, email: 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
   - **AgSAS**: Fax (301) 734-3652, email: cdcform2@cdc.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. AgSAS or DSAT reviews the transfer request.
   - If any item in Section 1 is missing, illegible, or requires clarification, AgSAS or DSAT 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, AgSAS or DSAT 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 AgSAS OR DSAT 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 AgSAS or DSAT and includes a copy of the page inside the shipment to the **Recipient**.
   - **DSAT**: Fax (404) 471-8468 or email: cdcform2@cdc.gov
   - **AgSAS**: Fax (301) 734-3652 or email: cdcform2@cdc.gov

**ALL INDIVIDUALS LISTED IN SECTION F MUST HAVE RECEIVED ACCESS APPROVAL FROM AgSAS OR DSAT.**

## PHASE 4 – Shipment

9. Upon receipt of the shipment, the **Recipient** completes Section 3 of **APHIS/CDC Form 2** and the **Recipient** Responsible Official signs and dates directly below Section 3.

10. The **Recipient** faxes or emails the completed **APHIS/CDC Form 2** to either AgSAS or DSAT 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 AgSAS OR DSAT. 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 AgSAS OR DSAT.**

**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 AgSAS OR DSAT.**

Please see the Guidance Document for the Completion of APHIS/CDC Form 2 for more detailed information.