According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0013. The time required to complete this information collection is estimated to average 1 hour 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.

OMB Approved
0579-0013
EXP. DATE XX/XXXX

This report is required to determine if tests conducted on each serial and each subserial are satisfactory prior to release of the serial or subserial (9CFR 116)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

# VETERINARY BIOLOGICS PRODUCTION AND TEST REPORT

**NOTE:** Submit an original and one copy for every serial or subserial which reaches any stage of identification and testing.

| 1. PAGE OF | 2. LICENSE OR PERMIT NUMBER |
|---|---|
| 3. NAME & MAILING ADDRESS OF LICENSEE OR PERMITTEE (Include ZIP code) | 4. FILL DATE / 5. PRODUCT CODE NUMBER |
| | 6. EXPIRATION DATE / 7. SERIAL OR SUBSERIAL NUMBER |

8. TRUE NAME OF PRODUCT

9. TEST DATA (For additional test data use VS Form 2008A)

| TEST REFERENCE (A) | TEST DATES STARTED (B) | TEST DATES CONCLUDED (C) | RESULTS (D) | INSERT CODE S - SATISFACTORY I - INCONCLUSIVE U - UNSATISFACTORY NT - NO TEST (E) |
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10. INVENTORY FOR RELEASE (Use a separate line for each size container)

| NO. OF CONTAINERS (A) | CONTAINER SIZE (DOSES, ML OR UNITS) (B) | TOTAL DOSES, ML OR UNITS (C) |
|---|---|---|
| | | |
| | | |
| | | |
| TOTAL | | TOTAL |

11. REMARKS

12. DISPOSITION BY FIRM ☐ ELIGIBLE FOR RELEASE ☐ DESTROYED ☐ TO BE REPROCESSED AND RETESTED

☐ OTHER *(Explain)*

| 13. SIGNATURE (Authorized Firm Representative) | 14. TITLE | 15. DATE |
|---|---|---|
| | | |

16. DISPOSITION BY APHIS

☐ NOT TO BE TESTED ☐ TESTS COMPLETED, SATISFACTORY

☐ TESTS COMPLETED, UNSATISFACTORY *(Explain)* ☐ OTHER *(Explain)*

| 17. SIGNATURE (Authorized APHIS Representative) | 18. TITLE | 19. DATE |
|---|---|---|
| | | |