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

FORM APPROVED
OMB NO. 0920-0578
EXP DATE
01/31/2024

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

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: AgSAS@usda.gov

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop H21-7
Atlanta, GA 30329FAX: (404) 471-8468
E-mail: cdcform2@cdc.gov

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

SECTION 1 – TO BE COMPLETED BY RECIPIENT

SECTION A – RECIPIENT INFORMATION

1. Entity name:	2. Entity registration number:
3. Principal Investigator name: First: MI: Last:	

SECTION B – SENDER INFORMATION

4. Entity name:	5. Address (NOT a post office address):			
6. Responsible Official (RO) or Laboratory Supervisor: First: Last:	7. City:	8. State:	9. Zip code:	10. Country:
11. RO/Laboratory Supervisor telephone #:	12. RO/Laboratory Supervisor e-mail address:			

13. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: ☐ Yes ☐ No
If yes, provide the APHIS/CDC Form 4 clinical ID#:

14. Is the agent a product of a restricted experiment, as defined in section 13 of the select agent regulations? If yes, provide the description used in the Federal Select Agent Program approval letter for the restricted experiment that produced the agent. ☐ Yes ☐ No

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

15. Select agents and/or toxins to be transferred (for toxins, please include the amount):

A	
B	
C	
D	
E	

16. Transfer is cancelled: ☐ Yes ☐ No

17. 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 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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official: _____ Title: _____

Typed or printed name of Responsible Official: _____ Date: _____

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SECTION 2 – TO BE COMPLETED BY SENDER

SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)

	18. Select agents and/or toxins:	19. Characterization of agent:	20. Number of items (e.g., vial, slant, plant, etc.):	21. Form (powder/liquid/ slant):	22. Total volume or weight of item contents (e.g., mL, mg, ng):
A					
B					
C					
D					

23. Transfer is cancelled: ☐ Yes ☐ No

SECTION E – RECIPIENT NOTIFICATION INFORMATION

24. Name of individual at recipient entity notified of expected shipment: First: MI: Last:	25. Date of notification:	26. Type of notification: ☐ E-mail ☐ Fax ☐☐Telephone

SECTION F – SHIPPING INFORMATION

27. Name of individual who packaged shipment: First: MI: Last:	28. Number of packages shipped:	29. Shipment date:
30. Package description (size, shape, description of packaging including number and type of inner packages):		
31. Airway bill number/bill of lading number/tracking number:		

I hereby acknowledge that regardless of the carrier used to execute an approved transfer of select agents and/or toxins, it is the responsibility of the sender to ensure the transfer/shipment is in compliance with applicable federal, state and local requirements for packaging and transportation, such as the U.S. Department of Transportation (DOT) Hazardous Materials Regulations for the transport of Infectious Substances. In addition, I acknowledge that for plant pathogens, interstate and certain intrastate movements will require a valid USDA/APHIS permit. I understand that knowingly providing a false statement on any part of this form or violating the federal select agent regulations (7 CFR Part 331, 9 CFR Part 121, or 42 CFR Part 73) may result in civil or criminal penalties, including imprisonment.

Signature of Sender:_____ Title:_____

Typed or printed name of Sender:_____ Date:_____

SECTION 3 – TO BE COMPLETED BY RECIPIENT (Within 2 days of receipt of shipment)

32. Name of individual who received shipment: First: Last:	33: Date of receipt:
34. The agents/toxins listed in Section 2 were received: ☐ Yes ☐ No If no, explain discrepancy in separate attachment.	
35. Shipment was packaged, labeled, and shipped in accordance with regulations: ☐ Yes ☐ No If no, explain discrepancy in separate attachment.	

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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official:_____ Title:_____

Typed or printed name of Responsible Official:_____ Date: _____