



Electronic Federal Select Agent Program (eFSAP) Information System - Updates

APHIS/CDC Form 2

Federal Select Agent Program Training







- 1. In eFSAP, recipient Responsible Official (RO) completes Section 1, sub- sections A, B, and C of APHIS/CDC Form-2 and submits.
- 2. AgSAS and/or DSAT review and approve the transfer request.
- 3. Sender completes Section 2 of APHIS/CDC Form-2:
 - a) If the sender is an FSAP registered entity, use eFSAP
 - b) If the sender is **not** a FSAP registered entity:
 - i. Complete the section 2 from the fillable APHIS/CDC Form 2 available on the <u>FSAP website</u>.
 - ii. Provide this information to the recipient
- 4. In eFSAP, the recipient:
 - a) Reviews sender completed section 2 information and reconciles with materials received in the shipment.
 - b) If applicable, enters section 2 information received from non- FSAP registered sender.
 - c) Enters section 3 information and submits the completed APHIS/CDC Form-2.





Recipient initiates a new APHIS/CDC Form 2

		Create Form	12		
Id	Status	Date Created			
T-F2-010001	Approved Section2 Pending	9/25/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010004	Section3 Pending	9/28/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010008	Transfer In Review	9/29/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010010	Transfer In Review	9/29/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010015	Transfer Completed	10/3/17	Edit Section 1	Edit Section 2	Edit Section 3
T-F2-010032	Section3 Pending	10/13/17	Edit Section 1	Edit Section 2	Edit Section 3





Recipient completes Section 1A-C

SECTION 1 – TO BE COMPLETED BY RECIPIENT	
Transfer ID:	
SECTION A - RECIPIENT INFORMATION	
1. Principal Investigator name: Michael Adams	
Michael Adams	~

This drop down will be pre-populated with your registered principal investigators to easily choose the correct recipient.





Test Entity		3. Entity Regi Enter Registration Registered Entity Clinical/Diagnestic Lab. 	1
4. Address (NOT a post office address):		 Clinical/Diagnostic Lab Other 5. City: 	oratory
1234 Main St		Anytown	
6. State:	7. Zip Code:		
Georgia 🗸	55555		
8. Country:			
United States	~]	
9. Responsible Official (RO) or Facility Direc	tor:	10. RO/Facility Director tele	phone #:
Adam Adamson		(555)555-5555ext	
243 of 255 characters left			
11. RO/Facility Director fax #:		12. RO/Facility Director e-m	ail address:
(555)555-5555ext		aadamson@te.com	
		35 of 50 characters left	
13. This transfer request is for a select agen	t or toxin that was ide	ntified in a clinical or diagnostic	sample: 🔿 Yes 💿 N

Recipient fills out information regarding the sender.

15. Name of carrier (If hand-delivered, please provide name of individual)

Carrier





APHIS/CDC Form 2: Section 1C

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

16.Select agents and/or toxins to be transferred:		
Add Agent and/or toxins to save to this form		
Botulinum neurotoxins	~	◆ Add Agent/Toxin
Agent Toxin Name		
Abrin		fill Delete
Conotoxins (Short, paralytic alpha)		
Botulinum neurotoxins		fin Delete
To easily choose the agent(s)/toxin(s) you wish to re	ceive, this dr	op down is pre-

populated with all select agents and toxins for which the recipient is approved.

Multiple agents and toxins can be added to the transfer request. -





Notification Center displays status of the APHIS/CDC Form 2:

1. Recipient RO/ARO submits the Form **2** for review.

From responsible official on Form2	Link	Form2 (T-F2-010034) was modified (State: Transfer In Review) by	G 10/13/2017 2:28:19 P/
		responsible official on 10/13/2017 2:28:19 PM.	

2. FSAP approves the Form 2 transfer request (Section 2 is now pending).

From	on Form2	Link	A Form2 (T-F2-01	0034) was modified (State: Approved Section2	O 10/13/2017 4:02:34 PM
			Pending) by	on 10/13/2017 4:02:34 FM.	

- If the sender is a registered entity, the approval notification will appear in their notification center as well.
- If the sender is not a registered entity, FSAP will contact the sender and provide the approved APHIS/CDC Form-2 with the unique transfer ID number.





Section 2 - Sender

- a) Non-registered senders will use the forms on the FSAP website and continue to use current practices to submit.
- b) Registered senders should use eFSAP:

	17. Select agents and/or toxins: Select Option Abrin Conotoxins (Short, paralytic alpha) Botulinum neurotoxins		21. Total volume	plant,	mber of items (e.g., vial, slant, etc.): [;] item contents (e.g., mL, mg, n
--	--	--	------------------	--------	--

This drop down is pre-populated only with the agents/toxins for which the
transfer is approved. Answer the questions for each agent/toxin in the shipment and click the "Add shipped" button.





Section 2 - Sender

Add Agent and/or toxins to save to t	this form				
17. Select agents and/or toxins:	18. Characterizat	tion of agent		19. Number of items (e.g., vial plant, etc.):	, slant,
20. Form (powder/liquid/slant):		21. Total volur	me or wei	ght of item contents (e.g., mL	, mg, ng):
				O Ad	d Shipped
Agent Toxin Name	Characterization of agent	Number Of Items	Form	Total Weight Of Contents	
Abrin	unknown	2 vials	powder	2 g	💼 Delete
Conotoxins (Short, paralytic alpha)	unknown	2 vials	powder	2 g	🛍 Delete
Botulinum neurotoxins	Туре А	2 vials	powder	2 g	💼 Delete

Once information has been entered for each agent/toxin in the shipment, proceed to question 22.





Section 2 - Sender

22. Name of individual at recipient entity notified of expected shipment:	23. Date of notification:	24. Type of	notification:	
Matthew Adams 242 of 255 characters left	10/13/2017	☑ E-mail	🗌 Fax	🗌 Te
SECTION F - SHIPPING INFORMATION				
25. Name of individual who packaged shipment:	26. Number of packages shipped:	27. Shipmer		
Chet Chesterfield 🗸	9 of 10 characters left	10/13/2017	1	
Chet Chesterfield				
238 of 255 characters left				
	·····	/pe of inner packag	es):	
28. Package description (size, shape, descrip	ption of packaging including number and ty	, pe et tittet pateriag		
28. Package description (size, shape, descrip 16 square inch, triple packaging. Plastic inner			packaging.	
			packaging.	
16 square inch, triple packaging. Plastic inner	package, plastic rack, leak-proof secondary p		packaging.	

Answer questions 22 – 29 regarding the recipient and additional information regarding the shipment.

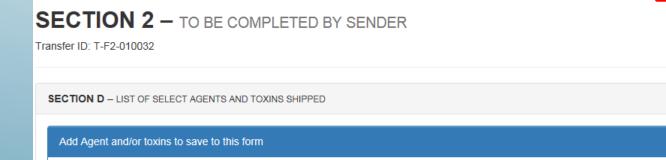




🔒 Print Form

Section 2 - Sender

- Shipper submits Form 2.
- Shipper prints Form 2 information to include with package.



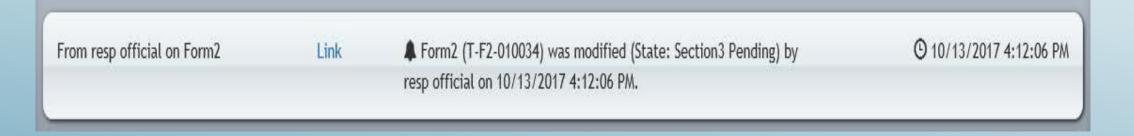




APHIS/CDC Form 2: Transfers

Notification Center displays status of Form 2:

3. Sending RO/ARO submitted Form 2 for BSAT shipment (Section 3 is now pending).







Section 3 - Recipient

SECTION 3		
33. Name of individual who received shipment:	34.	
Michael Adams 🗸	 Transfer did not occur Transfer occurred/date of receipt 	
Michael Adams	10/14/2017	
242 of 255 characters left		
35. The agents/toxins listed in Section 2 were received:	36. Shipment was packaged, labeled, and shipped in accordance with regulations:	
Yes O If no, explain discrepancy.	• Yes O If no, explain discrepancy.	

This drop down is pre-populated with SRA approved personnel at the recipient entity.

RO/ARO can manually enter a name if the recipient is not SRA approved.





Transfer Complete

Notification Center displays status of Form 2:

4. Recipient RO/ARO submits Section 3 for receipt of BSAT shipment (Transfer Completed).

From responsible official on Form2	Link	Form2 (T-F2-010034) was modified (State: Transfer Completed)	() 10/13/2017 9:15:57 PM
		by responsible official on 10/13/2017 9:15:57 PM.	