



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

APHIS/CDC Form 2

Federal Select Agent
Program Training





APHIS/CDC FORM 2

Request to Transfer Select Agents and Toxins



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 [FSAP website](#).
 - 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.



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Recipient initiates a new APHIS/CDC Form 2

Create Form 2

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



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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.



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Recipient fills out information regarding the sender.

SECTION B – SENDER INFORMATION

2. Entity name:
Test Entity

3. Entity Regi Enter Registration Number
 Registered Entity 1
 Clinical/Diagnostic Laboratory
 Other

4. Address (NOT a post office address):
1234 Main St

5. City:
Anytown

6. State: Georgia **7. Zip Code:** 55555-____

8. Country: United States

9. Responsible Official (RO) or Facility Director:
Adam Adamson
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10. RO/Facility Director telephone #:
(555)555-5555ext.____

11. RO/Facility Director fax #:
(555)555-5555ext.____

12. RO/Facility Director e-mail address:
aadamson@te.com
35 of 50 characters left

13. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: Yes No

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

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



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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	Delete
Conotoxins (Short, paralytic alpha)	Delete
Botulinum neurotoxins	Delete

To easily choose the agent(s)/toxin(s) you wish to receive, this drop 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.





APHIS/CDC FORM 2

Request to Transfer Select Agents and Toxins







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 responsible official on 10/13/2017 2:28:19 PM.  10/13/2017 2:28:19 PM

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

From  on Form2 [Link](#)  Form2 (T-F2-010034) was modified (State: Approved Section2 Pending) by  on 10/13/2017 4:02:34 PM.  10/13/2017 4:02:34 PM

- 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.



APHIS/CDC FORM 2

Request to Transfer Select Agents and Toxins



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:

SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED

Add Agent and/or toxins to save to this form

17. Select agents and/or toxins:	18. Characterization of agent	19. Number of items (e.g., vial, slant, plant, etc.):
<div style="border: 1px solid black; padding: 2px;"><p>Select Option</p><p>Abrin</p><p>Conotoxins (Short, paralytic alpha)</p><p>Botulinum neurotoxins</p></div>	<input type="text"/>	<input type="text"/>
20. <small>(e.g., vial, slant, plant, etc.)</small>		21. Total volume or weight of item contents (e.g., mL, mg, ng):
<input type="text"/>		<input type="text"/>

[+ Add Shipped](#)

Agent Toxin Name	Characterization of agent	Number Of Items	Form	Total Weight Of Contents
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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.



APHIS/CDC FORM 2

Request to Transfer Select Agents and Toxins



Section 2 - Sender

Add Agent and/or toxins to save to this form

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):

Agent Toxin Name	Characterization of agent	Number Of Items	Form	Total Weight Of Contents	
Abrin	unknown	2 vials	powder	2 g	<input type="button" value="Delete"/>
Conotoxins (Short, paralytic alpha)	unknown	2 vials	powder	2 g	<input type="button" value="Delete"/>
Botulinum neurotoxins	Type A	2 vials	powder	2 g	<input type="button" value="Delete"/>

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



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Section 2 - Sender

SECTION E – RECIPIENT NOTIFICATION INFORMATION

22. Name of individual at recipient entity notified of expected shipment:

Matthew Adams

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23. Date of notification:

10/13/2017

24. Type of notification:

E-mail Fax Telephone

SECTION F – SHIPPING INFORMATION

25. Name of individual who packaged shipment:

Chet Chesterfield

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26. Number of packages shipped:

1

9 of 10 characters left

27. Shipment date:

10/13/2017

28. Package description (size, shape, description of packaging including number and type of inner packages):

16 square inch, triple packaging. Plastic inner package, plastic rack, leak-proof secondary packaging, rigid outer packaging.

4875 of 5000 characters left

29. Airway bill number/bill of lading number/tracking number:

1215E4565

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



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Section 2 - Sender

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

The screenshot displays the APHIS/CDC Form 2 interface. At the top right, there is a blue button with a printer icon and the text 'Print Form', which is highlighted with a red rectangular box. Below this, the main content area is titled 'SECTION 2 – TO BE COMPLETED BY SENDER' in bold black text, with the transfer ID 'T-F2-010032' displayed underneath. A horizontal line separates this section from the next one, 'SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED', which is also in bold black text. Below this section, there is a blue button with the text 'Add Agent and/or toxins to save to this form'.



APHIS/CDC FORM 2

Request to Transfer Select Agents and Toxins



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).

From resp official on Form2

[Link](#)

🔔 Form2 (T-F2-010034) was modified (State: Section3 Pending) by resp official on 10/13/2017 4:12:06 PM.

🕒 10/13/2017 4:12:06 PM



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Section 3 - Recipient

SECTION 3

33. Name of individual who received shipment:

Michael Adams

Michael Adams

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34.

Transfer did not occur Transfer occurred/date of receipt

10/14/2017

35. The agents/toxins listed in Section 2 were received:

Yes If no, explain discrepancy.

36. Shipment was packaged, labeled, and shipped in accordance with regulations:

Yes 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.



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Request to Transfer Select Agents and Toxins



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)
by responsible official on 10/13/2017 9:15:57 PM.

🕒 10/13/2017 9:15:57 PM