

APHIS/CDC Form 2 – Request to Transfer Select Agents and Toxins

Multi-Agency Informational Meetings (Webinars) to Discuss Select
Agent and Toxin Reporting Requirements
October 6, 2021 and November 3, 2021

Centers for Disease Control and Prevention
Division of Select Agents and Toxins

Program Services Branch
APHIS/CDC Form 2 Team



APHIS/CDC Form 2 Section 1 Updates

- Added or revised PDF:
 - Question B13: APHIS/CDC Form 4 clinical ID number
 - Question C16: Option to cancel transfer request
 - Question C17: Name of carrier and Department of Transportation (DOT) registration number



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: {Select-}	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: <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> 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 total amount):				
A	{Select}			
B	{Select}			
C	{Select}			
D	{Select}			
E	{Select}			
16. Transfer is canceled: <input type="checkbox"/> Yes <input type="checkbox"/> No				
17. Name of carrier and DOT registration number (If hand-delivered, please provide name of individual):				

APHIS/CDC Form 2 Section 1 Updates

- Added or revised eFSAP:
 - Question B11: APHIS/CDC Form 4 clinical ID number
 - Question C14: Name of carrier and DOT registration number
 - Option to cancel transfer request

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

Information

If yes, provide the APHIS/CDC Form 4 clinical ID#:

CID-F4-00#####
6 of 20 characters left

12. Is the agent a product of a restricted experiment, as defined in section 13 of the select agent regulations? Yes No

SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED

13. Select agents and/or toxins to be transferred:

Add Agent and/or toxins to save to this form

Click "Add Agent/Toxin" to make your selection

Agent Toxin Name
Venezuelan equine encephalitis virus Delete

14. Name of carrier and DOT registration number (if hand-delivered, please provide name of individual)

test carrier DOT #0000000
25 of 50 characters left

Signature

Close Cancel Transfer Request More Information Save Update



APHIS/CDC Form 2 Section 1 Removals

- Removed request for entity information
 - Entity fax number
 - Responsible Official (RO) contact
 - Entity address
 - APHIS permit number

Old form

APHIS/CDC AUTHORIZATION NUMBER: _____		EXPIRATION DATE: _____	
SECTION 1 – TO BE COMPLETED BY RECIPIENT			
SECTION A – RECIPIENT INFORMATION			
1. Entity name: _____		2. Entity registration number: _____	
3. Address (NOT a post office address): _____		4. City: _____	5. State: _____
		6. Zip code: _____	
7. Principal Investigator name: First: _____ MI: _____ Last: _____		8. APHIS Permit #: _____	
9. Responsible Official (RO) name: First: _____ MI: _____ Last: _____		_____	
11. RO fax #: _____		12. RO e-mail address: _____	

New form

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: _____			



APHIS/CDC Form 2 Information

- Section 2 BSAT information
 - Question D20 on PDF or D17 in eFSAP number of items
 - Question D22 on PDF or D19 in eFSAP total volume or weight

PDF

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	{Select}			{Select}	{Select}
B	{Select}			{Select}	{Select}

eFSAP

SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED

Add Agent and/or toxins to save to this form

15. Select agents and/or toxins:

16. Characterization of agent:

17. Number of items (e.g., vial, slant, plant, etc.):

18. Form (powder/liquid/slant):

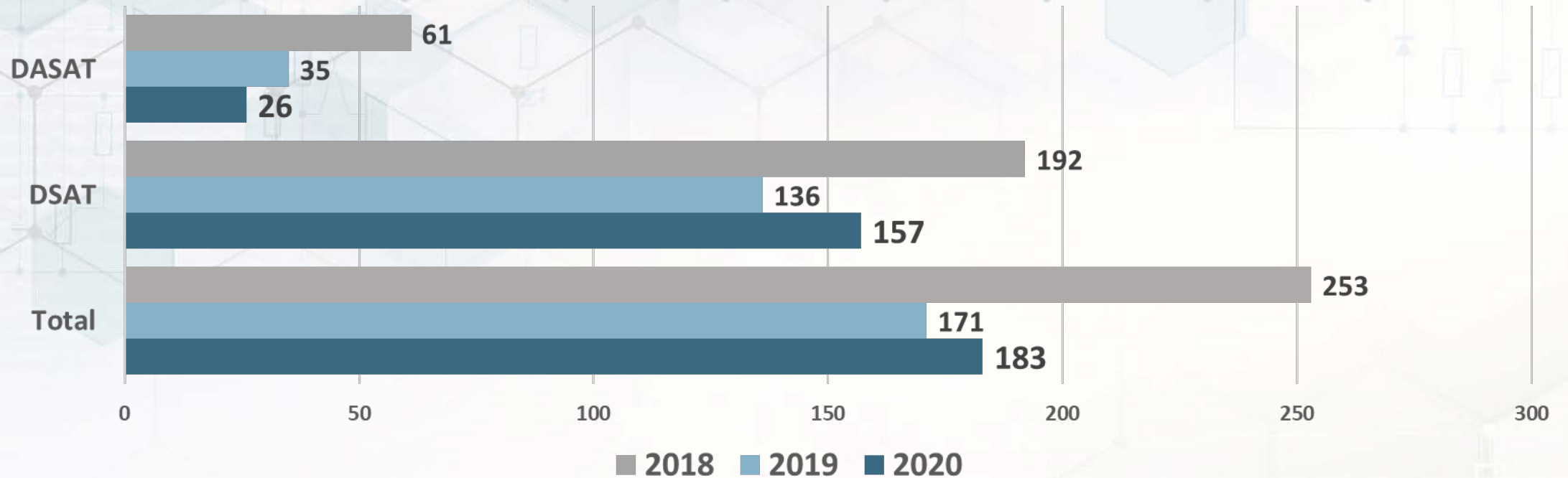
19. Total volume or weight of item contents (e.g., mL, mg, ng):

Agent Toxin Name	Characterization of agent	Number Of Items	Form	Total Weight Of Contents	
Venezuelan equine encephalitis virus	V-178 (IC)	1	test	1	<input type="button" value="Delete"/>
Venezuelan equine encephalitis virus	Unknown	5 vials of 5 mL each	liquid	25 mL	<input type="button" value="Delete"/>



APHIS/CDC Form 2 Statistical Information

APHIS/CDC Form 2 Approved
2018-2020



www.selectagents.gov

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