According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid of complete this information collection is 0579-0013. The time required to complete this information collection is estimated to average .3000 hours per response, information.

This report is required by Regulation (9 CFR 113). Failure to report can result in no certification being made for authenticity of samples of product.

OMB NO. 0579-0013

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE					TED		2. FIRM LICENSE NO.		
SHIPMENT AND RECEIPT OF BIOLOGICS SAMPLES					III INO ABBBE	00 OF FIRM #			
INSTRUCTIONS: Submit original and one copy with samples. (Leave carbons intect.)					3. NAME AND MAILING ADDRESS OF FIRM (Include Zip Code)				
4. PURPOSE	To database antably			\dashv					
☐ ROUTINE CONCURRENT SAMPLE ☐ MASTE	R SEED CEL	L LINE PP	RELICENSING SAMPLE						
RETENTION SAMPLE RESUBMISSION (S			Specify in remarks)						
5. HOW IS PRODUCT SHIPPED	spearly in remains,		OTHER (Specify)				PRODUCT IS SHIPPED VIA		
DRY ICE REFRIGERATED UNREFRIGERATED									
PRODUCT NAME (No trade names)	PRODUCT SERIAL			SAMPLE	SAMPLE CONTA		NERS SUBMITTED	INDICATE	
(Only one entry per line)	PRODUCT SERIA NO.			(For Gov't. Use Only)	NO. SIZE		FIELD DOSE	BULK OR FINAL	
6. —	7.	8		9	10.	11. —	12.	13. ——	
		-			10.	11.	12.	13.	
					-				
								-	
								<u> </u>	
		*							
# #									
I certify that I am an authorized government sampler a	- 341 1		16. REMARKS					1	
selected and are submitted in accordance with 9 CFR 1	13.3.	sted above were	16. HEMARKS						
14. SIGNATURE OF AUTHORIZED GOVERNMENT SAMPLER		15. DATE							
Telephone Number: ()	40	VNOW! FROMENT	05.0505/07.05.04	10,50					
17. CONDITION AND REMARKS	AC	KNOWLEDGMENT	OF RECEIPT OF SA		VED BY (0)	A			
				18. RECEI	VED BY (Signa	ture)	**.		
					<u> </u>				
					19. DATE RECEIVED				
ADUIC FORM 2020									

APHIS FORM 2020 (JUL 90)

Instructions For APHIS FORM 2020 SHIPMENT AND RECEIPT OF BIOLOGICAL SAMPLES

This form is used by Veterinary Biological Licensees and Permittees to submit samples to the Center for Veterinary Biologics for testing.

Submitters must complete items 1-8, and items 10-16. Items 9, 17-19 are for Agency use.

Submit one copy with original signature and the samples to the address below. A photocopy of the submission form with items 9, 17, 18, and 19 completed will be returned to the submitter via mail.

Center for Veterinary Biologics NVSL, BMPS - Sample Repository P. O. Box 844 1800 Dayton Avenue Ames, Iowa 50010