



CALIFORNIA ANIMAL HEALTH & FOOD SAFETY
LABORATORY SYSTEM
P.O. BOX 1770
DAVIS, CALIFORNIA 95617

PHONE: (530) 752-8700
FAX: (530) 752-6253

Date: _____

REQUEST FOR TRANSMITAL OF ISOLATE TO A BIOLOGIC HOUSE FOR VACCINE PRODUCTION

To ensure compliance with federal regulations for autogenous biologics production (9CFR 113.113), the following information is needed. Submitters are to provide the information and release signatures for the requested bacterin production. **The requested isolate will not be released until the required signatures are received.** Allow five (5) working days from the time the information is submitted for shipment of the isolate to the destination Biologics Laboratory.

Destination Biologics Laboratory: _____ **Date of Shipment:** _____

Accession Number: _____ **Animal Species:** _____ **Source:** _____

Identity of Isolate: _____ **Date Isolated:** _____

BY SIGNING BELOW, THE SIGNATORIES REPRESENT AND WARRANT THAT THE SUBMISSION IS IN COMPLIANCE WITH USDA VETERINARY SERVICES REGULATIONS. (9 CFR Part 102.5, 9 CFR Part 113.113) THE UNIVERSITY OF CALIFORNIA WILL NOT BE RESPONSIBLE FOR MISREPRESENTATIONS MADE BY THE SUBMITTING PARTIES.

Owner's Name:	Veterinarian Name:
Address:	Address:
Phone #:	Phone #:
Signature:	Signature:

Identity and location of originating premises (if different from above):

Name: _____
Address: _____
Phone #: _____

_____ CAHFS Case Coordinator: California Animal Health & Food Safety Lab University of California, Davis

A copy of the Accession report is attached.

File copy to CAHFS Director's Office
File copy to CAHFS Branch Office