According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0013. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This report is required to determine if tests conducted on each serial and each subserial are satisfactory prior to release of the serial or subserial (9 CFR 116)

OMB Approved 0579-0013 EXP: 03/2027

U.S. DEPARTMENT OF AGRICULTURE

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

VETERINARY BIOLOGICS PRODUCTION AND TEST REP	ORT
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NOTE: Submit an original and one copy for every serial or subserial which reaches any stage of identification and testing.					1. PAGE OF		2. LICENSE OR PERMIT NUMBER	
3. NAME AND MAILING ADDRESS OF LICENSEE OR PERMITTEE (Include ZIP code)					4. FILL DATE		5. PRODUCT CODE NUMBER	
				6	6. EXPIRATION	N DATE	7. SERIAL OR SUBSEI	RIAL NUMBER
8. TRUE NAME OF PRODUCT								
TEST	9. TEST DATA (For additional test dat TEST TEST TEST DATES				m 2008A)		INSERT CODE	
REFERENCE	STARTED	RE				SFACTORY U - UNSATISFACTORY		
(A)	(B)	(C)		(D)		- INCONC	CLUSIVE NT - NO T	EST (E)
10. INVENTORY FOR RELEAS	E (Use a separate line fo	r each size containe	er)			11. R	EMARKS	I
NO. OF	CONTAINER SIZE (DO	ΓAL DOSES,						
CONTAINERS ML OR UNITS) (A) (B)		ML OR UNITS (C)						
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TOTAL		TOTAL						
12. DISPOSITION BY FIRM				1				
OTHER (Explain)	ELIGIBLE FOR R	ELEASE	DESTROYED	I IOBERI	EPROCESSED A	ND RETES	IED	
13. SIGNATURE (Authorized Fir	rm Representative)		14. TITLE				15. DATE	
16. DISPOSITION BY APHIS	NOT TO BE TESTED			OMBLETES	CATICEACTOR	,		
NOT TO BE TESTED TESTS COMPLETED, SATISFACTORY								
TESTS COMPLETED, UNSA	HSFACTORY (Explain)		OTHER (±xplain)				
17. SIGNATURE (Authorized APHIS Representative) 18. TITLE 19. DATE								