

AgSAS/DSAT Select Agent Transfer Procedures

PHASE 1 – Authorization Request

1. Recipient and Sender make contact to determine what select agent(s) and/or toxin(s) they would like to transfer and when they would like to make the transfer.
2. Recipient completes *all* of Section 1 (Blocks 1-26 in Subsections A, B, and C) of [APHIS/CDC Form 2](#).
 - Sender may complete Section B if recipient does not know sender's information.
 - Please note that **Block 39** of (found in Section F of the form) must be completed **BEFORE** the transfer is approved. Please see the [Request for Transfer policy statement](#) for more details.
3. Recipient Responsible Official signs and dates below Section 1 (bottom of page 1).
4. Recipient submits the completed/signed first page of [APHIS/CDC Form 2](#) to AgSAS or DSAT.
 - **DSAT:** Fax (404) 471-8468, email: cdcform2@cdc.gov, or mail:
Centers for Disease Control and Prevention, Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop A-46, Atlanta, GA 30329
 - **AgSAS:** Fax (301) 734-3652, email: cdcform2@cdc.gov, or mail:
Animal and Plant Health Inspection Service, Agriculture Select Agent Services
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07, Riverdale, MD 20737

PHASE 2 – Review

5. AgSAS or DSAT reviews the transfer request.
 - If any item in Section 1 is missing, illegible, or requires clarification, AgSAS or DSAT will contact the Recipient to obtain the necessary information prior to reviewing the transfer request.
6. A decision letter or authorization is typically provided within 48 hours, assuming there are no discrepancies with the completed/signed first page of [APHIS/CDC Form 2](#) that was submitted. If approved, AgSAS or DSAT will fax an authorization letter and the approved APHIS/CDC Form 2 signifying that the requested transfer of select agents and/or toxins can occur.

IF YOU WISH TO MAKE ANY CHANGES TO AN AUTHORIZED TRANSFER, PLEASE NOTIFY AgSAS OR DSAT IMMEDIATELY. ENTITIES HAVE 30 CALENDAR DAYS FROM THE DATE OF AUTHORIZATION TO COMPLETE THE TRANSFER.

PHASE 3 – Shipment

7. Immediately preceding the shipment, the Sender must complete Section 2, Subsections D, E and F on the second page of [APHIS/CDC Form 2](#) and sign & date directly below Section 2.
8. Sender faxes or emails a copy of the second page to AgSAS or DSAT and includes a copy of the page inside the shipment to the Recipient.
 - **DSAT:** Fax (404) 471-8468 or email: cdcform2@cdc.gov
 - **AgSAS:** Fax (301) 734-3652 or email: cdcform2@cdc.gov

ALL INDIVIDUALS LISTED IN SECTION F MUST HAVE RECEIVED ACCESS APPROVAL FROM AgSAS OR DSAT.

PHASE 4 – Shipment

9. Upon receipt of the shipment, the Recipient completes Section 3 of [APHIS/CDC Form 2](#) and the Recipient Responsible Official signs and dates directly below Section 3.
10. The Recipient faxes or emails the completed [APHIS/CDC Form 2](#) to either AgSAS or DSAT and to the Sender within 2 business days of receipt of the shipment.

THE INDIVIDUAL LISTED IN SECTION 3 MUST HAVE RECEIVED ACCESS APPROVAL FROM AgSAS OR DSAT. IF THE SELECT AGENTS AND/OR TOXINS HAS/HAVE NOT BEEN RECEIVED WITHIN 48 HOURS AFTER THE EXPECTED DELIVERY TIME OR IF THE PACKAGE RECEIVED CONTAINING SELECT AGENTS AND/OR TOXINS HAS/HAVE BEEN DAMAGED TO THE EXTENT THAT A RELEASE OF THE SELECT AGENTS AND/OR TOXINS MAY HAVE OCCURRED, THE RECIPIENT'S RESPONSIBLE OFFICIAL MUST IMMEDIATELY REPORT THIS TO AgSAS OR DSAT.

IF THE TRANSFER DOES NOT OCCUR ON OR BEFORE THE TRANSFER EXPIRATION DATE, THE RECIPIENT RESPONSIBLE OFFICIAL MUST COMPLETE BLOCK 42 IN SECTION 3, SIGN/DATE BELOW SECTION 3, AND SEND THE COMPLETED APHIS/CDC FORM 2 TO AgSAS OR DSAT.

Please see the [Guidance Document for the Completion of APHIS/CDC Form 2](#) for more detailed information.