TO BE COMPLETED BY THE BIOLOGICS COMPLIANCE ASSISTANT

**REBOTTLING**

**Rebottling**

Firm ___________________________  Est. No. ___________________________

Product Code _____________________  Serial No._________________________

Original Release Date (if applicable) __________  Original APHIS Disposition_________________

**Reprocessing**

Information to Review (circle correct response)

1. APHIS Form 2008 marked “Other - Rebottling” or “To be Reprocessed & Retested?”
   - YES  NO

2. Reason for rebottling/reprocessing provided?
   - YES  NO

3. Detailed methods for rebottling/reprocessing provided?
   - YES  NO

Comments:

BCA ___________________________ Date ______________

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