

REBOTTLING WORKSHEET
(9 CFR 114.17 and VS Memo 800.62, Section V.)

TO BE COMPLETED BY THE BIOLOGICS COMPLIANCE ASSISTANT

Firm _____ Est. No. _____

Product Code _____ Serial No. _____

Information to Review (circle correct response)

- | | | |
|--|-----|----|
| 1. APHIS For 2008 marked "Other - Rebottling"? | YES | NO |
| 2. Reason for rebottling provided? | YES | NO |
| 3. Detailed methods for rebottling provided? | YES | NO |

Total doses or quantity to be rebottled _____

New Serial # of the rebottled material _____

PRELIMINARY CONCLUSION: (check one)

Return to firm with an audit (APHIS Form 2044) _____

Submit to the Biologics Specialist _____ BCA _____ Date _____

TO BE COMPLETED BY THE BIOLOGICS SPECIALIST

Are the methods of rebottling acceptable? YES NO

Testing Requested on the NEW/Rebottled Serial? (circle one) YES NO

Special Test Request Number _____ Rebottled Serial Number _____

CONCLUSION (check one)

Other - Rebottling Approved

Other - Rebottling DENIED

Specialist _____ Date _____

BCA _____ Date Processed _____