

## VETERINARY BIOLOGICS INVESTIGATION SUMMARY SHEET

1. FILE NUMBER:	2. IC-SPECIALIST:	
3. IES NUMBER:	4. IES INVESTIGATOR:	
5. DATE OPENED:	6. OTHER REFERENCE(S):	
7. WHO SUBMITTED THE INFORMATION:	8. PERSON/ESTABLISHMENT INVOLVED: (EST. NO.)	
9. NAME OF CONTACT, TITLE, ETC.:	10. PRODUCT(S) INVOLVED: (CODE)	
11. DESCRIPTION OF ALLEGED VIOLATION:		
12. VSTA OR 9 CFR REFERENCE(S):		
13. FINAL DISPOSITION AND COMPLIANCE <input type="checkbox"/> Substantiated Allegations <input type="checkbox"/> Complied <input type="checkbox"/> No Violation <input type="checkbox"/> To Pre-License <input type="checkbox"/> Lack of Evidence	14. DATE CLOSED	15. RECORDS RETENTION

<p style="text-align: center;"><b>** STAMP AND SECURE EVIDENCE **</b></p> <p>Refer to VBI PROCEDURES (ICWI0016) for additional guidance:</p> <ul style="list-style-type: none"> <li>Complete Form as information becomes available</li> <li>BOX 11: Remaining space may be used for BOX 10 overflow</li> <li>BOX 14: The Date the ROI is signed by the IC DIRECTOR</li> <li>BOX 15: ROUTINE or SPECIAL (may provide destruction date)</li> </ul>	<p><b>USE OF TABS IN THE INVESTIGATION FOLDER:</b></p> <p>TAB A – INVESTIGATION SUMMARY SHEETS</p> <p>TAB B – CORRESPONDENCE, PHONE LOGS, ETC.</p> <p>TAB C – IES INVESTIGATION REPORTS, OTHER REPORTS</p> <p>TAB D – TEST REQUESTS, TEST RESULTS</p>
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### CHRONOLOGY OF EVENTS

DATE OCCURRED (D/M/YR)	EVENT or CORRESPONDENCE	SPECIALIST INITIALS	ATTACHMENT NUMBER

**VETERINARY BIOLOGICS INVESTIGATION SUMMARY SHEET (Continuation)**

<b>FILE NUMBER:</b>	<b>CVB-IC SPECIALIST:</b>
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**CHRONOLOGY OF EVENTS**

<b>DATE OCCURRED (D/M/YR)</b>	<b>EVENT or CORRESPONDENCE</b>	<b>SPECIALIST INITIALS</b>	<b>ATTACHMENT NUMBER</b>