

10-420

Rasheena
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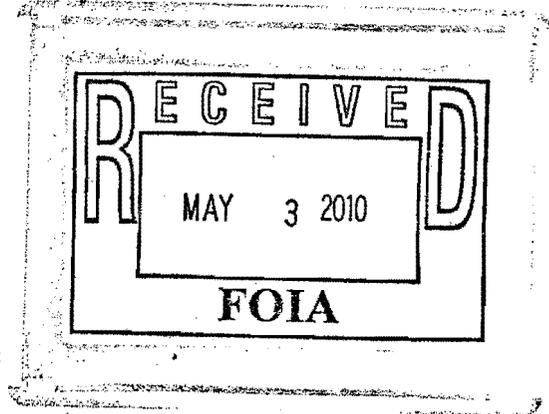
FOIA Request Order Form

Date: 05/01/2010
First Name:* Donald
Last Name:* Randall
Organization:
Address:*

City:*
State:*
Phone*:
E-Mail:
Category:*

(Enter as 123-123-1234)

- Animal Health
- Animal Welfare
- Financial
- Import/Exports
- Personnel
- Plant Protection and Quarantine
- Veterinary Services
- Wildlife Management
- Miscellaneous



JUN 01 2010

Time Period (for requested records)
01/01/2004 05/01/2010

Description of Information you are Requesting:

Re: Center for Veterinary Biologics
Licensing documents for Marek's Disease-Newcastle Disease Vaccine, Serotype 3, Live Marek's Disease Vector (Vectormune HVT NDV) produced by Biomune Co., Est. 368. Specifically I request the environmental assessment plus the safety data package: SIF, Risk Analysis (Backpassage/Shed-Spread), FONSI and Field Safety Data.

You MUST agree to pay applicable fees in order to process your FOIA request. Fees are charged in the amount of \$25.00 or more. A letter will be sent to you stating the exact amount of your fee.

Yes I agree to pay all applicable fees for this request.

* Mandatory Field

Submit Request