

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

CENTER FOR VETERINARY BIOLOGICS  
1920 DAYTON AVENUE  
AMES, IOWA 50010

## ADVERSE EVENT REPORT FOLLOW-UP INFORMATION

Identify the initial report submitted using either:

- the case number provided to you by USDA staff, or
- the "submission reference number" allocated to your initial report by our Web site, or
- your original "submitter's case number"

Initial Report Identifier

### SUBMITTER INFORMATION

1. Information Collected By <input type="checkbox"/> REP <input type="checkbox"/> SOR	2. Contract Number	3. Date Follow-up Information Received (MM/DD/YYYY)
4. First Name	5. Last Name	6. Submitted to Manufacturer <input type="checkbox"/> YES <input type="checkbox"/> NO

### ADDITIONAL INFORMATION

Follow-up Information (*narrative*)

### FORM SUBMITTAL

Save and submit via email to:  CVB@usda.gov	Print form and mail to:  Pharmacovigilance, USDA, Center for Veterinary Biologics, 1920 Dayton Avenue, Ames, IA 50010	Print and fax it to:  515-337-6120
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