

INSTRUCTIONS FOR COMPLETING VS FORM 16-78 (REPORT OF ENTRY AND SHIPMENT OF RESTRICTED IMPORTED ANIMAL PRODUCTS OR BYPRODUCTS)

VS Form 16-78 is used to accompany all restricted animal products and byproducts moving from the port of arrival to APHIS-approved establishments, APHIS-approved warehouses, or APHIS-approved quarantine facilities. This form is also used to document movement from one approved facility to another, e.g. from an approved warehouse to an approved establishment, and to document treatments completed by the approved establishment.

Sections A-C are to be completed by CBP Agriculture Specialist at the port of arrival.

Section D is to be completed by the approved warehouse (if applicable).

Sections E-F are to be completed by the approved establishment or quarantine facility.

Section G is to be completed by Veterinary Services.

AE = Approved Establishment

APHIS = Animal and Plant Health Inspection Service

AW = Approved Warehouse

CBP = Customs and Border Protection

QF = Quarantine Facility

SC = Service Center

VS = Veterinary Services

NOTE: All information must be typed or printed legibly. These instructions correspond with the VS 16-78 form dated May 2020 and previous editions are obsolete. The original form must be maintained per APHIS records management policy.

Box 1: CASE NUMBER

Enter the CBP case number (if applicable, used for identification by the port of arrival. This field will auto populate the corresponding field on page 2 if using the fillable version of the form. If not using the fillable version of the form, enter the case number on page 2 as well.

Box 2: CUSTOMS ENTRY NUMBER

Enter the CBP customs entry number or air waybill number. This field will auto populate the corresponding field on page 2 if using the fillable version of the form. If not using the fillable version of the form, enter the customs entry or air waybill number on page 2 as well.

Box 3: IMPORT PERMIT NUMBER

Enter the import permit number (required for bovine serum shipments; if applicable for other restricted products). This field will auto populate the corresponding field on page 2 if using the fillable version of the form. If not using the fillable version of the form, enter the import permit number on page 2 as well.

SECTION A (to be completed by CBP Agriculture Specialist at the port of arrival)

Box 4: DATE OF ARRIVAL

Enter the date (mm/dd/yyyy) of arrival at the port of arrival.

Box 5: PORT OF ARRIVAL

Enter the port of arrival (city, state).

Box 6: COUNTRY OF ORIGIN

Enter the country of origin of the shipment.

Box 7: VESSEL/FLIGHT NUMBER

Enter the name of the incoming vessel and number (e.g., Delta 123, SEA CARGO EXPRESS).

Box 8: TOTAL QUANTITY RECEIVED

Enter the total quantity received, including unit of measure (pounds, kilograms, or liters) at the port of arrival.

Box 9: TOTAL UNITS

Enter the total number of units received at the port of arrival and unit type (e.g., box, bundle, carton, cask, etc.).

Box 10: U.S. IMPORTER/HUNTER CONTACT INFORMATION

Enter the full name, U.S. address, phone, and email (if known) of the U.S. importer or hunter (do NOT enter the information of the foreign shipper). Phone number and address **must** be located in the U.S.

Box 11: SHIPMENT CONTAINS

Check only one box; if other, describe.

Box 12: SPECIFY USDA RESTRICTED MATERIAL

Check all applicable boxes in each column. Only material restricted by USDA should be listed. Any non-restricted species or types of materials in the shipment should not be listed.

SPECIES

RUMINANT = cattle, sheep, goats, deer, yak, camel, antelope, water buffalo

SWINE = includes pigs, warthogs, bush pigs, peccaries

AVIAN = includes all poultry, game birds, ostriches, emus, rheas, other birds

OTHER = please specify

DISEASE(S) OF CONCERN

FMD = foot-and-mouth disease

ASF = African swine fever

ND/HPAI = Newcastle disease/highly pathogenic avian influenza

OTHER= please specify

TYPE(S) OF MATERIAL

BONES = antlers, horns, and all other bones

HIDES/SKINS = capes, hides, and skins

BLOOD PRODUCTS = fetal bovine serum (FBS), adult bovine serum, and newborn calf serum

OTHER = please specify

Example: If a shipment contains flint-dried antelope skins, plus a flint-dried warthog cape, plus clean and dry skulls from the antelope and the warthog, plus an ostrich hide, and a baboon trophy, all from South Africa, you would check SWINE and AVIAN, ASF and ND/HPAI, and HIDES/SKINS. The antelope skins do not need to be listed since they are flint-dried ruminant skins and therefore not restricted. The bones are not restricted since they are clean and dry, without bits of tissue hanging off. The baboon, being a non-human primate, is not restricted by USDA. Only the warthog cape and ostrich hide need treatment at the AE; therefore, only those two materials should be referenced in this section.

SECTION B (to be completed by CBP Agriculture Specialist at the port of arrival)

Box 13: APPROVED ESTABLISHMENT OR QUARANTINE FACILITY

Enter the full name, address, phone number, and APHIS approval number of the AE or bovine serum QF receiving the material. Material going to an AW before going to an AE must also have the final AE that will be treating the material listed in this box; therefore, **this box must be completed on all forms**. Confirm AE information, including appropriate approval, by checking the Veterinary Services Process Streamlining website (VSPS) at <https://vsapps.aphis.usda.gov/vsps/>.

Box 13a: SERVICE CENTER RESPONSIBLE FOR AE OR QF

Check the box next to the appropriate VS SC responsible for the state in which the AE or QF is located:

SC - Albany, NY = Maine, New Hampshire, Massachusetts, Connecticut, New York, Pennsylvania, Maryland, Delaware, New Jersey, West Virginia, Virginia, North Carolina, District of Columbia, Rhode Island, and Vermont

SC - Gainesville, FL = Tennessee, South Carolina, Georgia, Alabama, Kentucky, Florida, Puerto Rico, U.S. Virgin Islands, Texas, Louisiana, Mississippi, Arkansas, Missouri, and Oklahoma

SC - Madison, WI = Minnesota, Wisconsin, Iowa, Illinois, Michigan, Indiana, and Ohio

SC – Sacramento, CA = North Dakota, South Dakota, Nebraska, Kansas, Montana, Wyoming, Idaho, Washington, Oregon, California, Nevada, Utah, Arizona, Colorado, New Mexico, Alaska, Hawaii, American Samoa, Guam, and Northern Mariana Islands

Enter the address and contact information for the responsible Service Center (see https://www.aphis.usda.gov/animal_health/contacts/field-operations-export-trade.pdf) for information.)

Check the box next to the method of notification (fax or email).

Enter the date (mm/dd/yyyy) the SC was notified.

Box 14: APPROVED WAREHOUSE

If the shipment is NOT moving to an AW before going to the AE or includes bovine serum moving to a QF, check the N/A box and do not complete the rest of box 14 or 14a.

If the shipment is moving to an AW before going to the AE, leave the N/A box blank and complete the rest of box 14 and 14a. Box 13 and 13a must also be filled out.

Enter the full name, address, phone number, and APHIS approval number of the AW receiving the material. Confirm AW information, including appropriate approval, by checking the Veterinary Services Process Streamlining website (VSPS) at <https://vsapps.aphis.usda.gov/vsps/>.

Box 14a: SERVICE CENTER RESPONSIBLE FOR AW

Check the box next to the appropriate VS SC responsible for the state in which the AW is located:

SC - Albany, NY = Maine, New Hampshire, Massachusetts, Connecticut, New York, Pennsylvania, Maryland, Delaware, New Jersey, West Virginia, Virginia, North Carolina, District of Columbia, Rhode Island, and Vermont

SC - Gainesville, FL = Tennessee, South Carolina, Georgia, Alabama, Kentucky, Florida, Puerto Rico, U.S. Virgin Islands, Texas, Louisiana, Mississippi, Arkansas, Missouri, and Oklahoma

SC - Madison, WI = Minnesota, Wisconsin, Iowa, Illinois, Michigan, Indiana, and Ohio

SC – Sacramento, CA = North Dakota, South Dakota, Nebraska, Kansas, Montana, Wyoming, Idaho, Washington, Oregon, California, Nevada, Utah, Arizona, Colorado, New Mexico, Alaska, Hawaii, American Samoa, Guam, and Northern Mariana Islands

Enter the address and contact information for the responsible SC (see https://www.aphis.usda.gov/animal_health/contacts/field-operations-export-trade.pdf) for information.

Check the box next to the method of notification (fax or email).

Enter the date (mm/dd/yyyy) the SC was notified.

SECTION C (to be completed by CBP Agriculture Specialist at the port of arrival.)

Box 15: SHIPMENT SENT TO

Check one box only for the location where the shipment is being sent to directly from the port of arrival.

Box 16: QUANTITY SHIPPED

Enter the total quantity shipped, including unit of measure (pounds, kilograms, liters) from the port of arrival to the location listed in box 15.

Box 17: UNITS SHIPPED

Enter the total number of units shipped from the port of arrival to the location listed in box 15 and unit type (e.g. box, bundle, carton, cask, etc.). For bovine serum, enter total number of liters.

Box 18: SEAL NUMBERS

Enter the seal numbers, if used, and identify whether the seals are APHIS or CBP; if quarantine tape only, indicate that here.

Box 19: SHIPMENT RELEASED TO

Check one box only corresponding to who took physical possession of the shipment at the port of arrival; if Broker or Other is checked, enter full name, U.S. phone number, and email address of individual or company responsible for the shipment. If Broker or Other is checked, this should be someone other than the importer/hunter listed in box 10.

Box 20: REMARKS

Enter any other relevant information concerning the shipment. For bovine serum, enter the export certificate number and shipment lot number (or attach a copy of the export certificate).

Box 21: DATE ISSUED

Enter the date (mm/dd/yyyy) the VS Form 16-78 is issued.

Box 22: ISSUING CBP AGRICULTURE SPECIALIST

Enter the full name of the CBP Agriculture Specialist issuing the form.

Enter the port name/code where the CBP Agriculture Specialist is located. Sign the form (digital signature accepted).

SECTION D (to be completed by the AW)

Box 23: DATE RECEIVED AT AW

Enter the date (mm/dd/yyyy) the shipment arrived at the AW. Check N/A if shipment did not go to an AW before going to the AE.

Box 24: WAS SHIPMENT COMPLETE AND INTACT?

Leave blank if N/A checked in box 23 and skip to box 31.

Check yes or no; if "no" checked, please provide details in the explanation box, including any disinfection performed. For example, if the shipment arrives at the facility and the crate is

broken and leaking, you would check “no” and describe the problem as well as what was done (e.g. “removed shipment from damaged crate, placed in new crate, truck and receiving area disinfected with bleach, damaged crate incinerated”).

Box 25: QUANTITY SHIPPED TO AE

Leave blank if N/A checked in box 23.

Enter the total quantity shipped, including unit of measure (pounds, kilograms, or liters) from the AW to the AE listed in box 13.

Box 26: UNITS SHIPPED TO AE

Leave blank if N/A checked in box 23.

Enter the total number of units shipped from the AW to the AE listed in box 13 and unit type (box, bundle, carton, cask, etc.).

Box 27: METHOD OF SHIPMENT TO AE

Leave blank if N/A checked in box 23.

Enter the method of shipment to the AE listed in box 13 (e.g. FedEx, truck, released to owner).

Box 28: DATE SHIPPED TO AE

Leave blank if N/A checked in box 23.

Enter the date (mm/dd/yyyy) the shipment was sent from the AW to the AE listed in box 13.

Box 29: DATE VS NOTIFIED

Leave blank if N/A checked in box 23.

Enter the date (mm/dd/yyyy) the AW notified VS (by submitting the signed (box 30) VS Form 16-78) that the shipment was sent to the AE listed in box 13.

Check the box for the method of notification.

Box 30: AUTHORIZED AW REPRESENTATIVE

Leave blank if N/A checked in box 23.

Enter/print the full name of the authorized AW representative.

Sign (digital signature accepted) and submit the VS Form 16-78 (with Section D completed) to VS, as directed during the inspection/approval process. Send a printed copy (if digitally signed) or the original form (if not digitally signed) with the shipment to the AE.

SECTION E (to be completed by the AE or QF)

Box 31: DATE RECEIVED AT AE/QF

Enter the date (mm/dd/yyyy) the shipment was received at the AE or QF.

Box 32: WAS SHIPMENT COMPLETE AND INTACT?

Check yes or no; if "no" checked, please provide details in the explanation box, including any disinfection performed. For example, if the shipment arrives at the facility and the crate is broken and leaking, you would check "no" and describe the problem as well as what was done (e.g. "removed shipment from damaged crate, placed in new crate, truck and receiving area disinfected with bleach, damaged crate incinerated").

Box 33: AUTHORIZED AE OR QF REPRESENTATIVE RECEIVING SHIPMENT

Enter/print the full name of the individual who received the shipment at the AE or QF.

Sign (digital signature accepted) and date (mm/dd/yyyy) the form upon receipt of the shipment. If QF, submit the VS Form 16-78 (after completion of section E) to VS, as directed during the inspection/approval process. If AE, continue to section F.

SECTION F (to be completed by the AE)

Box 34: MATERIAL TREATED

Complete boxes 34-39 for AE only; leave blank or enter N/A if shipment sent to a QF.

Enter a brief description of the material treated at the AE (e.g., warthog cape, ostrich hide, red stag antlers).

Box 35: DATE TREATMENT COMPLETED

Complete boxes 34-39 for AE only; leave blank or enter N/A if shipment sent to a QF.

Enter the date (mm/dd/yyyy) the treatment of the restricted material was completed.

For hides sent to a commercial tannery, once the hides are received back from the tannery, enter the date (mm/dd/yyyy) the treatment of the restricted material was completed by the tannery.

Box 36: METHOD OF TREATMENT

Complete boxes 34-39 for AE only; leave blank or enter N/A if shipment sent to a QF.

Enter the method of treatment for each type of material treated; should correspond to the approved treatment methods listed on VS Form 16-29, APPROVED ESTABLISHMENT REQUEST AND AGREEMENT TO HANDLE RESTRICTED ANIMAL BYPRODUCTS (HUNTING TROPHIES & MUSEUM SPECIMENS).

Specific processing documents/logs do not need to be included with this form, but should be available upon request for verification by VS.

For hides sent to a commercial tannery, enter the full name, address, and APHIS approval number of the facility where the hides were sent; enter the date (dd/mm/yyyy format) sent to the tannery here.

Box 37: METHOD OF DISINFECTION AND DISPOSITION OF PACKAGES AND TRIMMINGS

Complete boxes 34-39 for AE only; leave blank or enter N/A if shipment sent to a QF.

Enter the method of disinfection and disposition of packaging and any trimmings (if applicable); should correspond to the approved methods listed on VS Form 16-29, APPROVED ESTABLISHMENT REQUEST AND AGREEMENT TO HANDLE RESTRICTED ANIMAL BYPRODUCTS (HUNTING TROPHIES & MUSEUM SPECIMENS).

Box 38: DATE VS NOTIFIED

Complete boxes 34-39 for AE only; leave blank or enter N/A if shipment sent to a QF.

Enter the date (mm/dd/yyyy) the AE notified VS (by submitting the signed (box 39) VS Form 16-78) that all restricted materials in the shipment were appropriately treated.

Check the box for the method of notification.

Box 39: AE INDIVIDUAL PERFORMING TREATMENT

Complete boxes 34-39 for AE only; leave blank or enter N/A if shipment sent to a QF.

Enter the full name of the individual responsible for treatment of all restricted materials in the shipment at the AE.

Sign (digital signature accepted) and date (mm/dd/yyyy) the form upon completion of treatment, and submit the completed VS Form 16-78 to VS, as directed during the inspection/approval process.

For hides sent to a commercial tannery, enter the full name of the individual responsible for verifying the material was treated at the tannery; do not sign and submit this form until confirmation is received from the commercial tannery that the material was treated.

SECTION G (to be completed by VS)

Box 40: DATE COMPLETED REPORT OR NEGATIVE LAB RESULTS RECEIVED

Enter the date (mm/dd/yyyy) the completed VS Form 16-78 is received from the AE, or, for bovine serum shipments requiring safety testing, the date negative laboratory results are received.

Box 41: COMMENTS

Enter any other relevant information concerning the shipment.

Box 42: VS REPRESENTATIVE VERIFYING TREATMENT OR NEGATIVE LAB RESULTS

Enter/print the full name of the VS individual who verified an appropriate treatment was performed, or that satisfactory safety testing results were received.

Sign (digital signature accepted) and date (mm/dd/yyyy) the form to confirm close-out of the shipment.

End of Instructions