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OMB APPROVED  
0579-0094 and 0579-0213  
EXP DATE XX/XXXX

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

**ADDITIONAL INFORMATION FOR CELL CULTURES AND THEIR PRODUCTS**

*(Monoclonal Antibodies, Recombinant Products, Extracts, Viruses, etc.)  
(Supplement to VS Form 16-3)*

1. SPECIES AND TISSUE OF ORIGIN OF CELL LINE(S). ALSO, INCLUDE COUNTRY OF ORIGIN

2. IMMUNOGEN (for monoclonal antibodies and hybridomas)

3. REFERENCE NUMBER OF CELL LINE(S)

4. IDENTIFY ALL ANIMAL DERIVED NUTRITIVE FACTORS IN THE MEDIA (e.g., serum, albumin, transferrin, trypsin, etc.). IDENTIFY THE COUNTRY OF ORIGIN AND SPECIES OF ORIGIN OF ALL NUTRITIVE FACTORS.

5. IDENTIFY ANY ANIMAL PATHOGENS THAT ARE STUDIED IN THE LAB WHERE THE CELL LINE ORIGINATES. ALSO NAME ANY ANIMAL PATHOGENS INFECTING THE CELL LINE.

6. IF THE CELL LINE IS RECOMBINANT, SPECIFY GENETIC INSERT *(do not use abbreviations)*

7. POTENTIAL USE OF IMPORTED CELLS OR PRODUCTS *(use of derivatives or extracts, immunogen for antibodies produced, and production method. If for animal use, specify the animal species.)*

8. SIGNATURE

9. DATE