

Due to the conditional license status of LTCI, certain states have additional requirements for distribution. LTCI is not approved for sale in North Dakota. There are four states that require specific information before LTCI can be shipped. Veterinarians interested in purchasing LTCI must request prior approval from the appropriate state authorities. Those states include:

Colorado

Department of Agriculture
Dr. Keith Roehr
700 Kipling Street, Suite 4000
Lakewood, CO 80215-8000
(303) 239-4161
(303) 239-4164 fax

Florida

Florida Dept. of Agriculture and Consumer Services
Dr. Thomas Holt or Dr. Michael Short
Room 329, Mayo Building
407 South Calhoun Street
Tallahassee, FL 32399-0800
(850) 410-0901
(850) 410-0919 fax

*Massachusetts

Dept. of Agricultural Resources
Dr. Lorraine O'Connor
251 Causeway Street, Suite 500
Boston, MA 02114
(617) 626-1700
(617) 626-1850 fax

Pennsylvania

Dept. of Agriculture/Bureau of Animal Health and Diagnostic Services
Dr. Paul Knepley
2301 North Cameron Street
Harrisburg, PA 17110-9408
(717) 772-2852
(717) 787-1868 fax

**Please see the attached request form for Massachusetts*

For the above listed states, ProLabs will require a copy of the approved documentation from the state authorities prior to shipping to a veterinarian.

**REQUEST FOR USE OF AN
U.S.D.A - CONDITIONALLY LICENSED VACCINE**

(STATE OF MASSACHUSETTS)

This form should be completed by the Massachusetts-licensed veterinarian requesting permission to use *T-cyte Therapeutics, LYMPHOCYTE T-CELL IMMUNOMODULATOR*, Code #9410.00. The completed form may be faxed to (617) 626-1850 or mailed to: Division of Animal Health, BioSecurity and Dairy Services, 251 Causeway Street, Suite 500, Boston, MA 02114. Approval or non-approval will be forwarded in writing to the veterinarian making the request.

Name of Veterinarian Making Request: _____

Massachusetts Veterinary License Number: _____

Practice Name: _____

Practice Address : _____

City _____ Zip Code _____

Phone Number: _____ Fax Number: _____

"I hereby request permission to order and administer LYMPHOCYTE T-CELL IMMUNOMODULATOR."

A.) FOR the following client:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____

Patient(s) Identification:

Need which necessitates vaccine:

Planned Administration Schedule and Dosage:

B.) OR Alternatively, for multiple clients: I agree to keep a separate log of client, patient and amounts administered and have the log available for Bureau of Animal Health Inspection.

"I understand that permission will be granted only to use this vaccine as labeled and in compliance with A or B above." Please circle A or B.

Signature of Veterinarian Making Request

Date

DIVISION OF ANIMAL HEALTH USE ONLY BELOW THIS LINE

APPROVED DATE:

NOT APPROVED DATE:

REASON OR COMMENTS: