

REPORTING THE IDENTIFICATION OF A SELECT AGENT OR TOXIN: PROFICIENCY TESTING REPORT (APHIS/CDC FORM 4B)

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 10/31/2014

INSTRUCTIONS

Detailed instructions are available at http://www.selectagents.gov/CDForm.html. Answer all items completely and type or print in ink. This report must be signed and submitted to either APHIS or CDC:

Submit completed form only once by either email, fax, or mail

Animal and Plant Health Inspection Service Agricultural Select Agent Program 4700 River Road Unit 2, Mailstop 22, Cubicle 1A07 Riverdale, MD 20737

FAX: (301) 734-3652

Email: ASAP@aphis.usda.gov

Centers for Disease Control and Prevention Division of Select Agents and Toxins 1600 Clifton Road NE, Mailstop A-46 Atlanta, GA 30333 FAX: (404) 718-2096

Email: CDCForm4@cdc.gov

Accession Number:

(For Program Use ONLY)

		OR LABORATORY	THAT RECEIVED PROFICIEN		PLE(S)	
Name of individual com		lt-	2. Email address:	3. Telephone #:		
First:	MI:	Last:				
	(APHIS or CDC Registration) 5. Entity name:			
	stic Laboratory [non-registe					
(NRE # (provided by	APHIS or CDC):					
6. Responsible Official or Laboratory Supervisor name:			7. Address (NOT a post of	7. Address (NOT a post office address):		
First:	MI: Las	t:				
8. Telephone #:	9. Fax #:	10. Email address:	11 .City:	12. State:	13. Zip Code:	
14. Sponsor/entity that you	u received select agent or t	oxin from:				
Entity name: Registration #:						
Entity name:			Registration #:			
	E					
Telephone #	·					
91	CTION R _ SELECT	AGENTS AND TOY	INS IDENTIFIED FROM PROFI	CIENCY TESTING		
Select Agent or Toxin Identified			Date obtained from sponsor	S. Dali	e identilled	
		+				
4 B: '' ()						
	gents or toxins (complete a			Patri		
☐ Transferred (Provide 6	entity name and date of tra	nsfer. Entity:	Date	Date:)	
☐ Transferred (Provide of Destroyed (Provide de	entity name and date of tra estruction method and date	nsfer. Entity:	Date:)	,	
☐ Transferred (Provide of Destroyed (Provide de	entity name and date of tra estruction method and date	nsfer. Entity:	Date:)	,	
☐ Transferred (Provide of Destroyed (Provide de Retained (Provide nar 5. Were any of the sample	entity name and date of tra estruction method and date	nsfer. Entity: . Method: ple. Name: _ t or toxin, listed in the tabl	Date:le above, handled outside of primary co)	,	

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 7 CFR 331, 9 CFR 121, or 42 CFR 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official/Laboratory Supervisor:_____

Date Signed: _____

Public reporting burden: Public reporting burden of providing this information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (0920-0576)