

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:

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)

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

SECTION	A - INFORMATION	N FOR LABORATORY TH	HAT R	ECEIVED PROFICIENC	Y TESTING SAI	MPLE(S)	
1. Name of individual com				2. Email address:	3. Telephone #:	` '	
First:	MI:	Last:			·		
Registered Entity (APHIS or CDC Registration #:) Clinical or Diagnostic Laboratory [non-registered entity (NRE)] (NRE # (provided by APHIS or CDC):)				5. Entity name:			
6. Responsible Official or Laboratory Supervisor name: First: MI: Last:				7. Address (NOT a post office address):			
8. Telephone #:	9. Fax #:	10. Email address:		11 .City:	12. State:	13. Zip Code:	
14. Sponsor/entity that you	u received select agent of	or toxin from:			<u> </u>		
Entity name:Entity address:Entity address:Email:				Registration #:			
Telephone #:		_ Email:					
SI	FCTION B - SELEC	CT AGENTS AND TOXINS	SIDE	NTIFIED FROM PROFIC	SIENCY TESTING	3	
				te obtained from sponsor	3. Date identified		
1. Coloct rigorit of Toxiii ic	dontinod		2. 00	no obtained from openion	0. 50	ato idontinod	
4. Dispositions of select ag	gents or toxins (complete	e all that apply).					
					_ Date:)	
☐ Transferred (Provide entity name and date of transfer. Entity:			-	Date:)	/	
☐ Retained (Provide nar	me of person retaining s	ample. Name:					
5. Were any of the sample	es containing a select ag	ent or toxin, listed in the table a	bove, h	andled outside of primary cor	tainment which may	have led to an	
unintentional release and/	or exposure to the selec	t agent or toxin?					
☐ No ☐ Yes (If Yes, ye	ou are required under 7	CFR Part 331.19, 9 CFR Part 1:	21.19, a	and 42 CFR Part 73.19 to con	nplete and submit an	APHIS/CDC Form 3)	
	attachments, I may be si	is form is true and correct to the ubject to criminal fines and/or in 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)