

## REPORTING THE IDENTIFICATION OF A SELECT AGENT OR TOXIN FROM A CLINICAL/DIAGNOSTIC SPECIMEN (APHIS/CDC FORM 4A)

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

#### **INSTRUCTIONS**

Detailed instructions are available at <a href="http://www.selectagents.gov/CDForm.html">http://www.selectagents.gov/CDForm.html</a>. 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: <u>CDCForm4@cdc.gov</u> Accession Number:

(For Program Use ONLY)

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

			ION A - REFEREN	ICE LABO	ORA	TORY INFORM				
Name of individual completing Sections A and B:     First: MI: Last:					2. Email address: 3. Telephone #			<del>!</del> :		
4. ☐ Registered Entity (APHIS or CDC Registration #:						9. Entity name:				
Responsible Official or Laboratory Supervisor name:     First: MI: Last:						10. Address (NOT a post office address):				
6. Telephone #:	7. Fax #: 8. Email a		8. Email address:	mail address:		11. City:		12. State:	13. Zip Code:	
SECTION B - SELECT AGENT OR TOXIN IDENTIFIED FROM CLINICAL/DIAGNOSTIC SPECIMEN(S)										
Select Agent or Toxin Identified:							2. Date ider	entified:		
3. Case/patient/sample ID	#(s):	4. # of sam	ples received:	5. Sample	5. Sample type(s) received:			6. Case/p	patient origin (zip code):	
7. Dispositions of select agent or toxin (complete all that apply):  Transferred (Provide entity name and date of transfer. Entity:										
9. Do you anticipate receiving additional samples/specimens for this case/patient that originate from the initial case (e.g. patient, environmental sample)?  □ No □ Yes (If Yes, please refer to the guidance instructions at <a href="https://www.selectagents.gov">www.selectagents.gov</a> for further directions.)										
10. Has the sender(s) (i.e. NOTE: Please reques			ecimen(s) been notified ections C & D from each						Yes □ N/A	
11. Comments / Notes:										
I hereby certify that the informa-	tion contained in S	ections A and	B of this form is true and	correct to the	best	of my knowledge. I un	derstand that if	I knowingly pro	vide a false statement on any	

I hereby certify that the information contained in Sections A and B of 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: \_\_\_\_\_



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	S	ECTION C - SAMPLE PR	ROVIE	DER INF	ORMA	TION				
Name of individual com First:	2. E	Email address:			3. Telephone #:					
☐ Clinical or Diagno (NRE # (provided	(APHIS or CDC Registration stic Laboratory [non-registere by APHIS or CDC):	ed entity (NRE)]	)	9. Entity name:						
5. Responsible Official or First:		10. Address (NOT a post office address):								
6. Telephone #:	7. Fax #:	8. Email address:		11. City:	City:		12. State:	13. Zip Code:		
SECTION D – SPECIMEN(S) CONTAINING SELECT AGENT OR TOXIN PROVIDED TO REFERENCE LABORATORY										
1. Date specimen(s) shipp	:	3. Case/patient/sample ID #(s):								
4. Sample type(s) provided:  5. Case/patient/sample origin (zip code):										
6. Date notified by Reference Laboratory of select agent or toxin identification:  7. Select agent or toxin identified by Reference Laboratory:										
8. Dispositions of select agent or toxin (complete all that apply):  Transferred (Provide entity name and date of transfer. Entity:										
Retained (Provide name of person retaining sample. Name:)										
9. Were any of the samples containing a select agent or toxin handled outside of primary containment which may have led to an unintentional release and/or exposure to the select agent or toxin?  □ No □ Yes (If Yes, you are required under 7 CFR Part 331.19, 9 CFR Part 121.19, and 42 CFR Part 73.19 to complete and submit an APHIS/CDC Form 3)										
10. Do you anticipate receiving additional samples/specimens for this case/patient that originate from the initial case (e.g. patient, environmental sample)?  □ No □ Yes (If Yes, please refer to the guidance instructions at <a href="https://www.selectagents.gov">www.selectagents.gov</a> for further directions.)										
11. Comments / Notes:										
	ents, I may be subject to criminal	I D of this form is true and correct to fines and/or imprisonment. I further								
Signature of Responsible Official/Laboratory Supervisor:					Date Signed:					
Public reporting burden: Pub	olic reporting burden of providing	this information is estimated to aver	age 1 h	our per res	ponse, in	cluding the time for	r reviewing instr	ructions, searching existing		

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).