

## 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

SECTION A – REFERENCE LABORATORY INFORMATION										
Name of individual completing Sections A and B:     First: MI: Last:				2	2. Em	ail address:	;	3. Telephone #:		
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 #:	Fax #: 8. Email 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. ‡		4. # of sam	ples received:	5. Sample	e type	e(s) received:		6. Case/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 information	tion contained in S	ections A and	B of this form is true and	correct to the	best	of my knowledge. I un	nderstand 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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SECTION C - SAMPLE PROVIDER INFORMATION										
Name of individual completing Sections C and D:     First:						2. Email address:			3. Telephone #:	
4. ☐ Registered Entity (APHIS or CDC Registration #: ☐ Clinical or Diagnostic Laboratory [non-registered entity (NRE)] (NRE # (provided by APHIS or CDC):)						9. Entity name:				
5. Responsible Official or Laboratory Supervisor name: First: MI: Last:					10. Address (NOT a post office address):					
6. Telephone #:	7. Fax #:	8. Email addr	ress:		11. City:		12. State:	13. Zip Code:		
SECTION D – SPECIMEN(S) CONTAINING SELECT AGENT OR TOXIN PROVIDED TO REFERENCE LABORATORY										
Date specimen(s) shipped to Reference Laboratory:     2. # of specimens provided:						3. Case/patient/sample ID #(s):				
4. Sample type(s) provided:					5. Case/patient/sample origin (zip code):				n (zip code):	
6. Date notified by Reference Laboratory of select agent or toxin identification:  7. Select agent or toxin identified							erence Labora	atory:		
8. Dispositions of select agent or toxin (complete all that apply):  Transferred (Provide entity name and date of transfer. Entity:										
□ Destroyed (Provide destruction method and date. Method: Date:									,	
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?										
	you are required under 7 CFI									
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 www.selectagents.gov for further directions.)										
11. Comments / Notes:										
I hereby certify that the information contained in Sections C and D 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:				
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										

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).