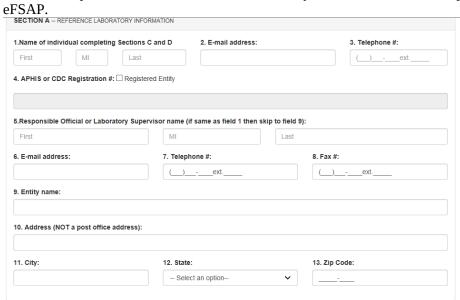
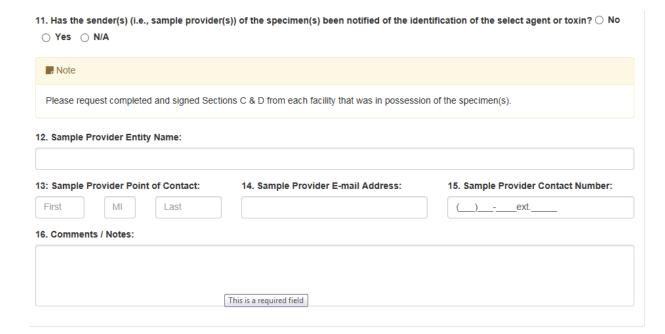
APHIS/CDC Form 4: Report of the Identification of a Select Agent or Toxin

Outside the entity information and select agent identified, data for the APHIS/CDC Form 4 were not collected in NSAR. The pdf of the form was scanned into the system. The below screen prints show what will be collected in eFSAP.



For the below screen print, this is found in Section B of the form.

. Select Agent or Toxin Identified:	2. Date identified:
	mm/dd/yyyy
B. Case/patient/sample ID #(s):	4. # of samples received:
5. Sample type received:	6. Case/patient origin (zip code):
. Type of test performed (e.g., PCR, mouse bioassay	, ELISA):
8. Dispositions of select agent or toxin by entity lis	ted in Block A9 (complete all that apply):
Dispositions of select agent or toxin by entity lis Transferred	ted in Block A9 (complete all that apply):
	ted in Block A9 (complete all that apply):
☐ Transferred	ted in Block A9 (complete all that apply):
☐ Transferred ☐ Destroyed	ted in Block A9 (complete all that apply):
☐ Transferred ☐ Destroyed ☐ Retained Description:	or toxin handled outside of primary containment which may have led to an
☐ Transferred ☐ Destroyed ☐ Retained	or toxin handled outside of primary containment which may have led to an
☐ Transferred ☐ Destroyed ☐ Retained 3. Were any of the samples containing a select agent unintentional release and/or exposure to the select a No ○ Yes 10. Do you anticipate receiving additional samples/sp	or toxin handled outside of primary containment which may have led to an
☐ Transferred ☐ Destroyed ☐ Retained 3. Were any of the samples containing a select agent unintentional release and/or exposure to the select a No ○ Yes	or toxin handled outside of primary containment which may have led to an gent or toxin?



Signature

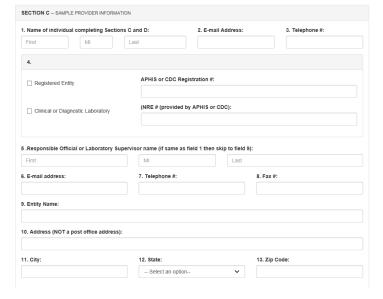
Certification: I hereby certify that the information contained in Sections C and D of this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. 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.

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 30329; ATTN: PRA (0920-0576).

Signature of Respondent:

Date Signed:

For the below screen print, this is found in Section C of the form.



For the below screen prints, this is found in Section D of the form. SECTION D - SPECIMENS CONTAINING SELECT AGENT OR TOXIN PROVIDED TO REFERENCE LABORATORY 2. Date notified of select agent or toxin identification: 1. Select Agent or Toxin Identified: mm/dd/yyyy 3. Case/patient/sample ID #(s): 4. # of samples shipped: 5. Sample type provided: 6. Case/patient/sample origin (zip code): 8. Name of Reference Laboratory: 7. Date sample(s) shipped to Reference Laboratory: 9. Disposition of any remaining select agent or toxin by entity listed in Block C9: Method: Date: □ Destroyed mm/dd/yyyy Name: Retained

Information 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 1. Was your entity the source of the sample(s)? No	☐ Not applicable, the entire specimen was transferred to the Reference Laboratory.
Information 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 1. Was your entity the source of the sample(s)? No	
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 APHISICDC Form 3 1. Was your entity the source of the sample(s)? No	Were any of the samples containing a select agent or toxin handled outside of primary containment which may have led to an inintentional release and/or exposure to the select agent or toxin? No OYes
I. Was your entity the source of the sample(s)? No	⊕ Information
Information If Yes, skip to field 18 2. Do you anticipate receiving additional samples/specimens for this case/patient that originate from the initial case (e.g., patient, notronmental sample)? No Yes Information If Yes, please refer to the guidance instructions at www.selectagents.gov for further directions. 3. Has the sender(s) (i.e., sample provider(s)) of the specimen(s) been notified of the identification of the select agent or toxin? No Yes Note Note Sample Provider Entity Name: Sample Provider Point of Contact: 16. Sample Provider E-mail Address: 17. Sample Provider Contact Number: First MI Last Comments / Notes: Signature Intification: 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 knowing in the section of the selection of information. An agency may result in civil or criminal penalites, including imprisonment. I further understand that violations of 7 CFR, 1, 9 CFR 121, or 42 CFR 73 may result in civil or criminal penalites, including imprisonment. I further understand that violations of 7 CFR, 1, 9 CFR 121, or 42 CFR 73 may result in civil or criminal penalites, including imprisonment. I further understand that violations of 7 CFR. Blic reporting burden: Public reporting burden: Public reporting burden: Public reporting and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or more, and person is not required to respond to a collection of information unders 8 displays a currently valid CMB control number. Send comments regarding this burden to CDC/ATSDR Reports Clearance Officer, 1600 Citton Read (MS DO A) Allanta, Georgia 30326, ATTN: PRA (9020-9576).	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
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Similar to NSAR, the form will not be available in the new system. available on the Federal Select Agent Program website.	Applicants will still complete the pdf