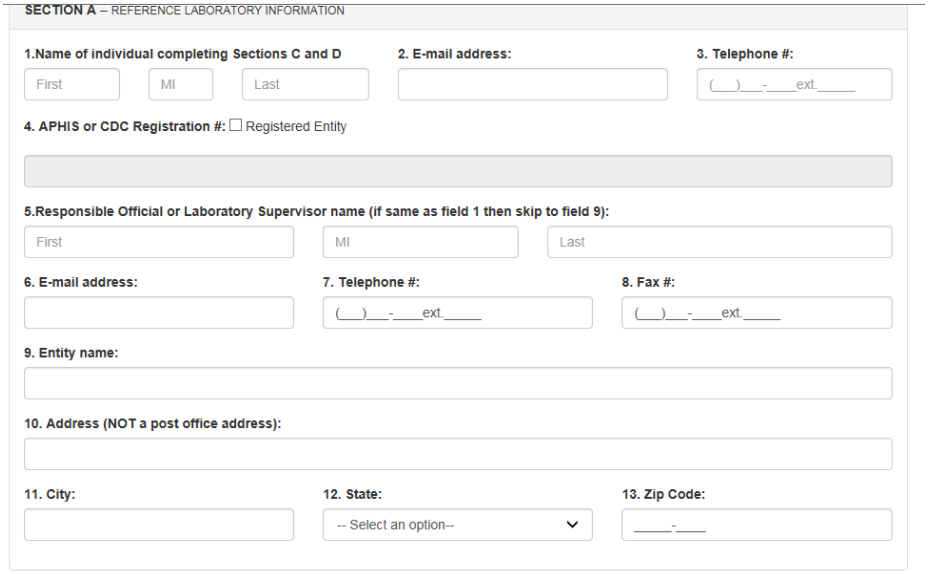
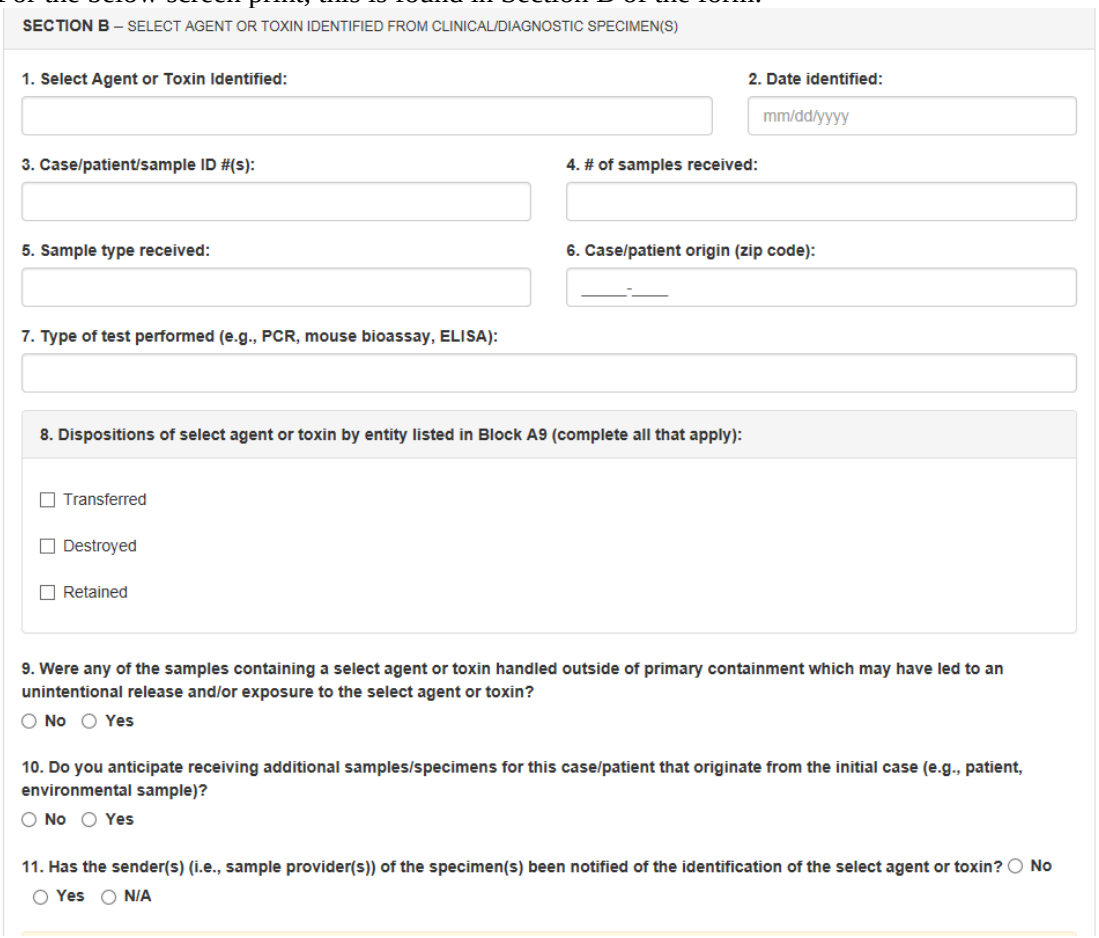
APHIS/CDC Form 4: Report of the Identification of a Select Agent or Toxin

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.



11. 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** ○ **N/A**

Note

Please request completed and signed Sections C & D from each facility that was in possession of the specimen(s).

12. Sample Provider Entity Name:

13: Sample Provider Point of Contact: First MI Last

14. Sample Provider E-mail Address:

15. Sample Provider Contact Number: (___)___-____ext._____

16. Comments / Notes:

This is a required field

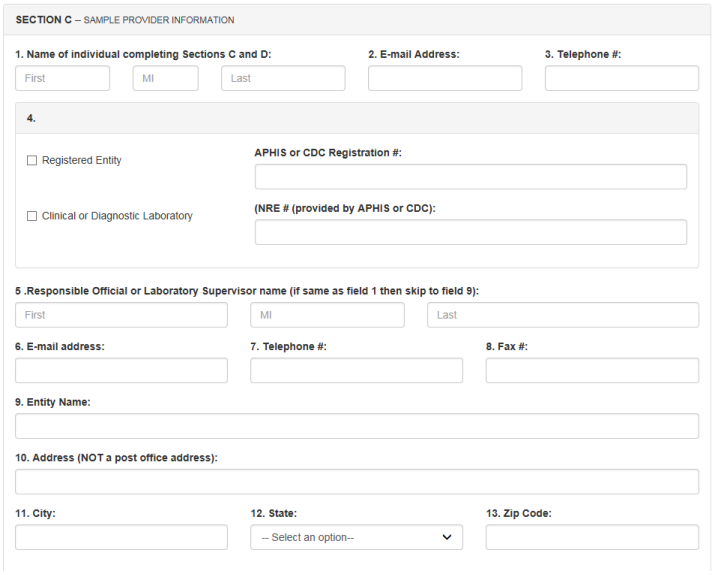
Signature

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.



SECTION C – SAMPLE PROVIDER INFORMATION

1. Name of individual completing Sections C and D: First MI Last

2. E-mail Address:

3. Telephone #:

4.

☐ Registered Entity — **APHIS or CDC Registration #:**

☐ Clinical or Diagnostic Laboratory — **(NRE # (provided by APHIS or CDC):**

5 .Responsible Official or Laboratory Supervisor name (if same as field 1 then skip to field 9): First MI Last

6. E-mail address:

7. Telephone #:

8. Fax #:

9. Entity Name:

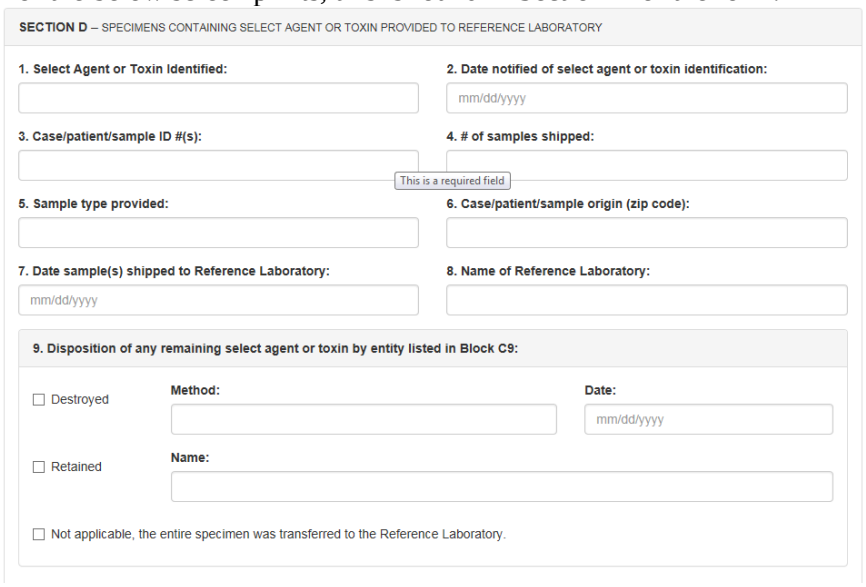
10. Address (NOT a post office address):

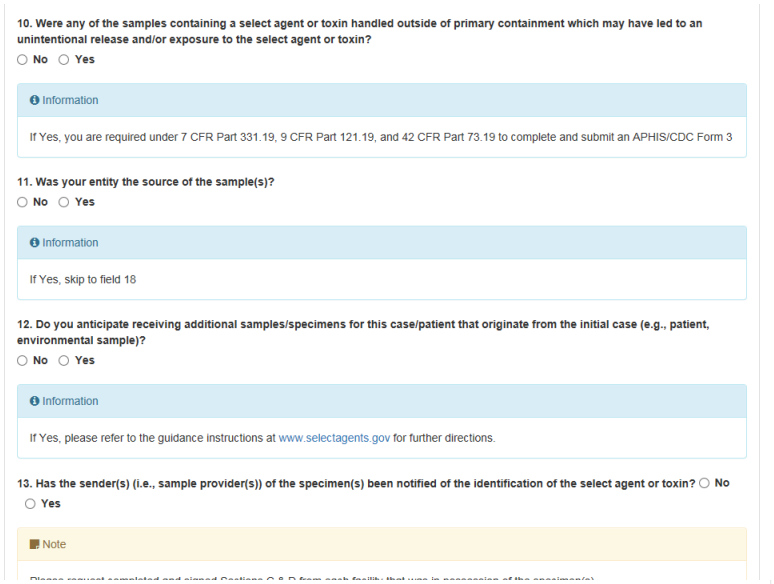
11. City:

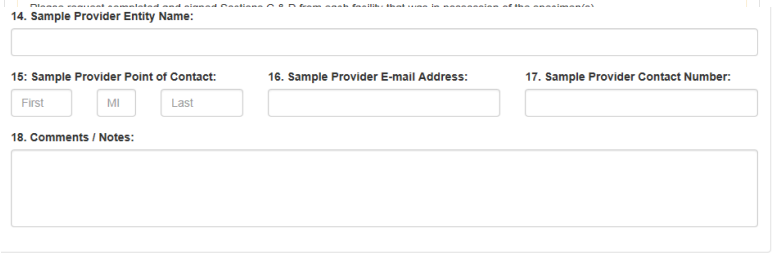
12. State: -- Select an option--

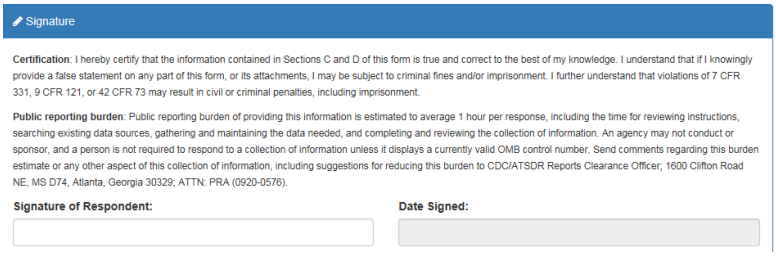
13. Zip Code:

For the below screen prints, this is found in Section D of the form.









APHIS/CDC Form 5: Request for Exemption of Select Agents and Toxins for an Investigational Product

Similar to NSAR, the form will not be available in the new system. Applicants will still complete the pdf available on the Federal Select Agent Program website.