

Submission of an APHIS/CDC Form 3 Immediate Notification





Click on the Form 3 tab



Federal Select Agent Program Portal

Entity: Responsible Official 3's Entity

LEAD AGENCY: APHIS **REGISTRATION STATUS:** Approved **REGISTRATION EXPIRES:** 11/08/2020

Facility Address: 34555 Hollow Blvd., St. Petersburg, FL 09876-5433

Responsible Official Name: RO New Responsible Official Title: RO Responsible Official Address: 2100 Science Way, Orlando, FL 23232

Registration #: 20181025-20014 Application #: 76489b71-304d-e711-80d1-001dd8003fe2 Type Status: Private - Non-Profit

Forms

Form 1
Form 2
Form 3
Form 4



Submission of an APHIS/CDC Form 3 Immediate Notification



Select an Action ×

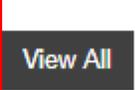
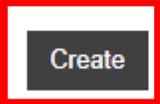
Select an action for the APHIS/CDC FORM 3 TO REPORT A THEFT, LOSS, OR RELEASE OF A SELECT AGENT OR TOXIN.

The discovery of a theft, loss, or a release of a select agent or toxin is required to be immediately reported (as described in 7 CFR 331, 9 CFR 121, and 42 CFR 73).

[Create](#) [View All](#)

[Exit](#)

Click "Create"





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Section B - INCIDENT INFORMATION

1. Date and Time of Incident:

Date:

Time:

2. Date of Immediate Notification:

3. Type of Immediate Notification:

- Email
- Fax
- Telephone
- eFSAP

4. Location of Incident:

5. Name of Select Agent or Toxin:

6. Strain Designation:

7. Quantity:

These fields are required for an Immediate Notification.

8. Type of Incident:

Must answer at least one of the below

- Theft
- Loss
- Release/ Potential Exposure

- The type of incident determines what other information is required for submission.
- Once an incident type is selected, scroll to the bottom of the page and click “Immediate Notification” the system will alert you to the fields that are required for each type of incident.

Appendix A - EVENTS TIMELINE

Provide a detailed summary of events, including a timeline of what occurred.

[Save Draft](#) [Immediate Notification](#) [Initiate Submit](#)



To submit, click "Immediate Notification"