



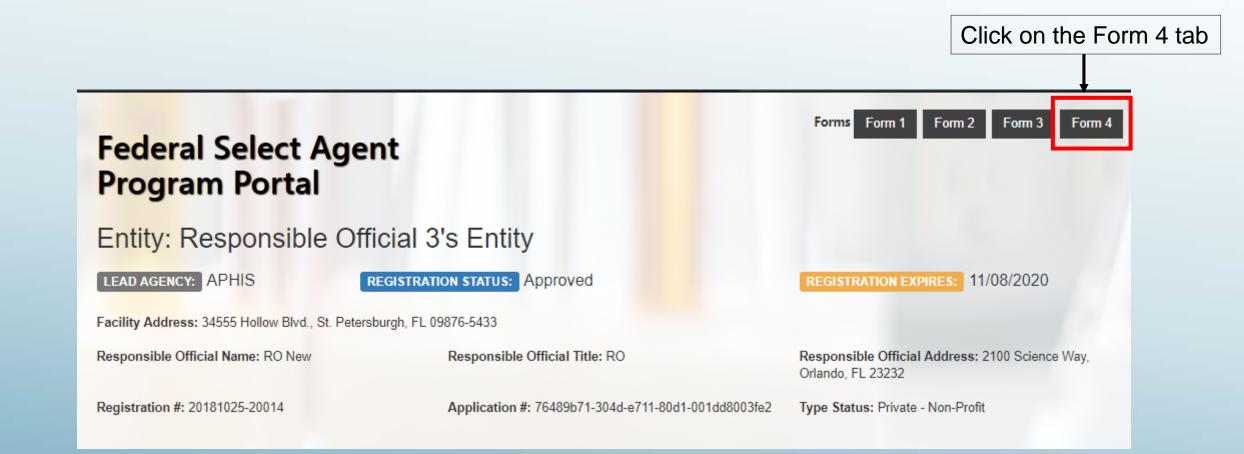
Submission of an APHIS/CDC Form 4A Immediate Notification

Federal Select Agent Program Training



















SECTION B - SELECT AGENT OR TOXIN IDENTIFIED FROM CLINICAL/DIAGNOSTIC SPECIMEN(S)

1. Select Agent or Toxin Identified:	2. Date identified: mm/dd/yyyy				
3. Case/patient/sample ID #(s):	4. # of samples received:				
5. Sample type received:	6. Case/patient origin (zip code):				
Select an option					
7. Type of test performed (e.g., PCR, mouse bioassay, ELISA):					
 8. Dispositions of select agent or toxin by entity listed in Block A9 Must answer at least one of the below Transferred Destroyed Retained 	(complete all that apply):				
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?					

These fields are required for an Immediate Notification.



Signature 🥜

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Certification: 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.

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).

Date Signed:

Signature of Responsible Official or Laboratory Supervisor:

	01/04/2018					
lesp Official3						
Please type name as above.						
		Immediate Notification	🖺 Save 🔹 S	Submit		
		1				

To submit, click "Immediate Notification"