

Submission of an APHIS/CDC Form 4A Immediate Notification





Click on the Form 4 tab



Federal Select Agent Program Portal

Entity: Responsible Official 3's Entity

Forms **Form 1** **Form 2** **Form 3** **Form 4**

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



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Select an Action ×

APHIS/CDC FORM 4 TO REPORT THE IDENTIFICATION OF A SELECT AGENT OR TOXIN (as described in 7 CFR 331, 9 CFR 121, and 42 CFR 73).

Create Form 4A - Section A&B Create Form 4B Create Form 4C

Click "Create"





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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:

--Select an option--

6. Case/patient origin (zip code):

____-____

7. Type of test performed (e.g., PCR, mouse bioassay, ELISA):

8. Dispositions of select agent or toxin by entity listed in Block A9 (complete all that apply):

Must answer at least one of the below

- Transferred
- Destroyed
- Retained

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?

Yes No

These fields are required for an Immediate Notification.



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Signature

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).

Signature of Responsible Official or Laboratory Supervisor:

Date Signed:

Resp Official3

i Please type name as above.



To submit, click “Immediate Notification”