REPORTING THE IDENTIFICATION OF A SELECT AGENT OR TOXIN FROM A CLINICAL/DIAGNOSTIC SPECIMEN (APHIS/CDC FORM 4A)

FORM APPROVED
OMB NO. 0920-0576
EXP DATE: 02/28/2027

Detailed instructions are available at http://www.selectagents.gov/form4.html. This report must be submitted to either DASAT or DRSC:

Animal and Plant Health Inspection Service
Division of Agricultural Select Agents and Toxins
4700 River Road Unit 2, Mailstop 22, Cubicle 1A07
Riverdale, MD 20737
FAX: (301) 734-3652
E-mail: DASAT@usda.gov

Centers for Disease Control and Prevention
Division of Regulatory Science and Compliance
1600 Clifton Road NE, Mailstop H21-4 Atlanta,
GA 30329
FAX: (404) 471-8469
E-mail: CDCForm4@cdc.gov

Submit completed form only once by either eFSAP, e-mail, or fax

PART 2 – REPORT OF IDENTIFICATION

SECTION C – SAMPLE PROVIDER INFORMATION

1. Name of individual completing Sections C and D (First, MI, Last):	2. E-mail address:	3. Telephone #:
4. Your facility name:		
5. Responsible Official or Laboratory Supervisor name ((First, MI, Last):	6. E-mail address:	7. Telephone #:
8. Address (NOT a post office address):	9. City:	10. State: {Select} / 11. Zip Code:

SECTION D – SPECIMEN(S) CONTAINING SELECT AGENT OR TOXIN PROVIDED TO REFERENCE LABORATORY

1. Select Agent or Toxin Identified: {Select}	2. Date notified by reference laboratory of select agent or toxin identification:	
3. # of select agent/toxin samples shipped:	4. Sample type provided: {Select}	5. Zip code for case/patient/sample origin:
6. Date sample(s) shipped to Reference Laboratory:	7. Name of Reference Laboratory:	

8. Disposition of any remaining select agent or toxin listed by entity:
- ☐ Destroyed (Provide destruction method and date. Must be onsite. Method: _____ Date: _____)
- ☐ Retained (Provide name of Principal Investigator retaining sample. Name: _____)
- ☐ Not applicable, the entire specimen was transferred to the Reference Laboratory.

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?
☐ No ☐ Yes (If Yes, you are required under 7 CFR §331.19, 9 CFR §121.19, and 42 CFR §73.19 to complete and submit an APHIS/CDC Form 3)

10. Was your entity the source of the sample(s)? ☐ No ☐ Yes (**If Yes, skip to #21 if you have any additional comments.**)

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
NOTE: Please request completed and signed Part 2 from each facility that was in possession of the specimen(s).

12. Is the sample provider located outside the United States? ☐ No ☐ Yes If Yes, provide country:

13. Sample Provider Entity Name:

14. Address (NOT a post office address):	15. City:	16. State:	17. Zip Code:
18: Sample Provider Point of Contact (First, MI, Last):	19. Sample Provider E-mail Address:	20. Sample Provider Contact Number:	

21. Comments / Notes:

I hereby certify that the information contained in Part 2 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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in civil or criminal penalties, including imprisonment.

Signature of Responsible Official/Laboratory Supervisor: _____ Date Signed: _____