

## REPORTING THE IDENTIFICATION OF A SELECT AGENT OR TOXIN: PROFICIENCY TESTING REPORT (APHIS/CDC FORM 4B)

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 12/31/2018

## **INSTRUCTIONS**

Detailed instructions are available at <a href="http://www.selectagents.gov/form4.html">http://www.selectagents.gov/form4.html</a>. Answer all items completely and type or print in ink. This report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service Agriculture Select Agent Program 4700 River Road Unit 2, Mailstop 22, Cubicle 1A07 Riverdale, MD 20737 FAX: (301) 734-3652

E-mail: AgSAS@aphis.usda.gov

Centers for Disease Control and Prevention Division of Select Agents and Toxins 1600 Clifton Road NE, Mailstop A-46 Atlanta, GA 30329

FAX: (404) 471-8469 E-mail: <u>CDCForm4@cdc.gov</u> Accession Number:

(For Program Use ONLY)

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

SECT	ION A - INFORMAT	ON FOR LABORATORY THAT R	ECEIVED PROFICIENCY TEST	ING SAMPLE(S)
1. Name of individual	completing the form:		2. E-mail address:	3. Telephone #:
First:	MI:	Last:		
4.   Registered Entity (APHIS or CDC Registration #:			5. Entity name:	
☐ Clinical or Diagnostic Laboratory [non-registered entity (NRE)]				
(NRE # (provide	d by APHIS or CDC):	)		
6. Responsible Official or Laboratory Supervisor name:			7. Address (NOT a post office address):	
First:	MI:	Last:		
8. Telephone #:	9. Fax #:	10. E-mail address:	11 .City:	12. State: 13. Zip Code:
14. Sponsor/entity that	at you received select age	nt or toxin from:		
Entity name:			Registration #:	
Entity address:		E-mail:		
Telephone #:		E-mail:		
		ECT AGENTS AND TOXINS IDEN		
Select Agent or Toxin Identified			Date obtained from sponsor	3. Date identified
4. Dispositions of sele	ect agents or toxins (comp	plete all that apply):		
☐ Transferred (Prov	vide entity name and date	of transfer. Entity:	Date:	)
☐ Transferred (Provide entity name and date of transfer. Entity:			Date:	)
□ Retained (Providence)	e name of person retainin	g sample. Name:		
5. Were any of the sa	mples containing a select	agent or toxin, listed in the table above, a	nd handled outside of primary containment	ent which may have led to an
unintentional release	and/or exposure to the se	elect agent or toxin?	, ,	-
□ No □ Yes (If Ye	es, you are required unde	r 7 CFR Part 331.19, 9 CFR Part 121.19, a	nd 42 CFR Part 73.19 to complete and	submit an APHIS/CDC Form 3)
any part of this form, o		n this form is true and correct to the best of e subject to criminal fines and/or imprisonr ling imprisonment.		
Signature of Responsible Official/Laboratory Supervisor:			Date Signed:	

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)