

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

FORM APPROVED OMB NO. 0920-0576 EXP DATE 1/31/2024

INSTRUCTIONS

Detailed instructions are available at http://www.selectagents.gov/form4.html. 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 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: <u>DASAT@usda.gov</u> 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 or fax

SECTION A – INFORMATION FOR LABORATORY THAT RECEIVED PROFICIENCY TESTING SAMPLE(S)				
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 # (provided 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 yo	u received select age	nt or toxin from:		
Entity name:			Registration #:	
Entity address: E-mail:				
Telephone #:		E-mail:		
SECTION B – SELECT AGENTS AND TOXINS IDENTIFIED FROM PROFICIENCY TESTING				
Select Agent or Toxin Identified			Date obtained from sponsor	3. Date identified
4. Dispositions of select a	gents or toxins (comp	lete all that apply):		
☐ Transferred (Provide	entity name and date	of transfer. Entity:	Date:)
☐ Transferred (Provide entity name and date of transfer. Entity:			Date:)
Retained (Provide name of person retaining sample. Name:)				
5. Were any of the sample	es containing a select	agent or toxin, listed in the table above, an	nd handled outside of primary containme	nt which may have led to an
unintentional release and	or exposure to the se	lect agent or toxin?		
☐ No ☐ Yes (If Yes, y	ou are required under	7 CFR §331.19, 9 CFR §121.19, and 42 (CFR §73.19 to complete and submit an A	PHIS/CDC Form 3)
		this form is true and correct to the best of		
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.				
or 42 CFR Part /3 may res	suit in civii or criminal p	penaities, including 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)