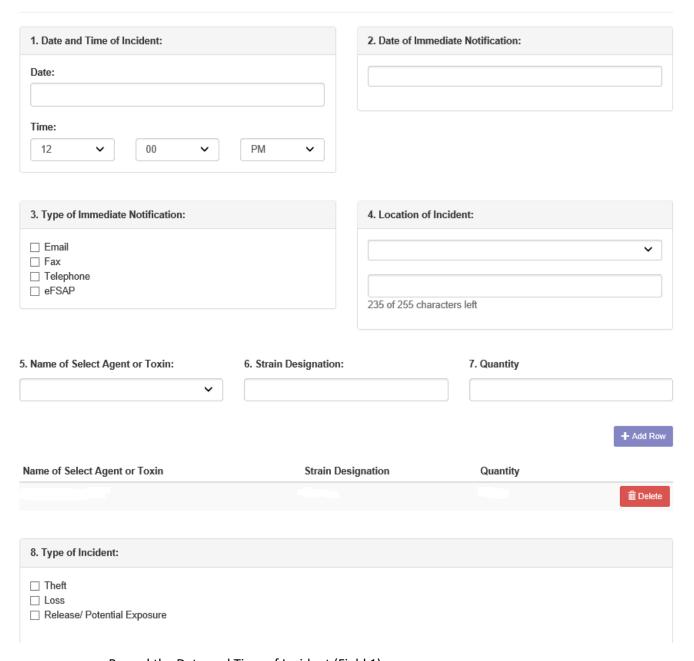
Form 3 Submission Quick Reference Guide

- 1. Log into eFSAP. **Note**: If you use the Discussion Panel on homepage, you can ask questions without submitting a form.
- 2. Click Form 3.
- 3. Click **Create.** If you previously submitted a Form 3 Immediate Notification, then click the **View** button adjacent to the relevant incident. **Note**: You can edit the information from the Immediate Notification as needed when you are filling out the Form 3 in its entirety.
- 4. Section A will be automatically filled out, except for the PI (Field 8). Select the PI from the dropdown.

1. Name of Entity:		2. Entity Registration/NRE Number:		
220 of 255 characters left		87 of 100 characters I	left	
3. Physical Address:	4. City:	5. State:	:	6. Zip Code:
236 of 255 characters left	39 of 50 characters left			
7. Name of Responsible Official or Laboratory	y Supervisor:	8. Name of Principal	Investigator:	
				~
242 of 255 characters left		240 of 255 characters	s left	
9. Telephone Number:	10. Fax Number:		11. E-mail address:	
			29 of 50 characters le	ft

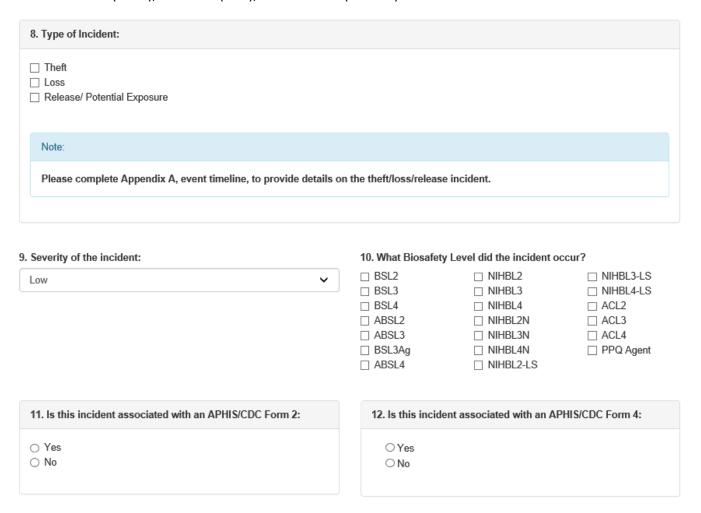
5. Fill out Section B:

Section B - INCIDENT INFORMATION



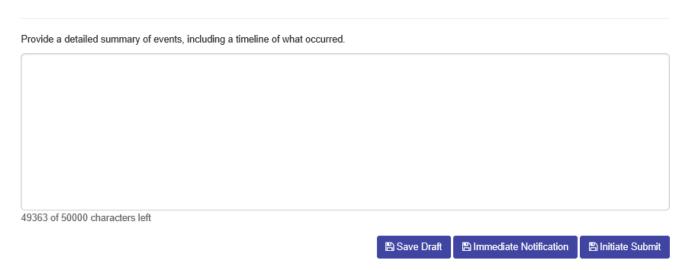
- a. Record the Date and Time of Incident (Field 1).
- b. Record the Date of Immediate Notification (Field 2).
- c. Check the Type of Immediate Notification (Field 3).
- d. Record the Location of Incident (Field 4).
 - i. Please select from the drop down menu or type in the answer if the Location of Incident is not listed.
- e. Choose the name of the Select Agent (Field 5), Strain Designation (If you don't know the strain designation, you can type "Unknown" into the dialog box) (Field 6), and Quantity (Field 7).
 - i. For the quantity, ensure that you provide the unit of measure for the agent (vial/plate/ampoule/mouse, etc.).

- ii. Once you have filled out these fields, click **Add Row**. Do this for each additional agent that you need to report for the incident.
- f. Select Type of Incident Theft, Loss, or Release (Field 8). You may need to select more than one answer to this question. Each answer corresponds to a different section of the Form 3: Section C (Theft), Section D (Loss), and Section E (Release).



- g. Select Severity of the Incident (Field 9). Use your best judgement to determine this.
- h. Check the Biosafety Level of the Registered Space (Field 10). If the incident occurred or involved different lab spaces, please select all that apply.
- i. Was the incident related to a Transfer of the Select Agent or Toxin (Field 11)? If **Yes**, you must provide the Transfer Number from the related APHIS/CDC Form 2.
- j. Was the incident related to an Identification of a Select Agent or Toxin (Field 12)? If **Yes**, you must provide the Form 4 number.
- 6. Fill out Sections C (Theft), D (Loss), and/or E (Release) according to your answer from Section B, Field 8.
 - a. Fill out Fields 1-5.
 - i. Choose **all** of the answers that apply to Fields 1-3.
 - ii. Fields 4-5 will require further information if you answer **Yes** to these questions.
 - b. Fill out Fields 6-11 about medical surveillance and policy review.
 - i. If you answer **Yes** to question 8, please provide details in the text boxes.
- 7. Provide a detailed summary of the incident in Appendix A.

Appendix A - EVENTS TIMELINE



- 8. Enter your signature and the date of Form 3 submission.
- 9. Click Initiate Submit to submit your completed Form 3. Clicking Save does NOT submit the Form 3.
- 10. Once you've submitted, you will see a **Discussion Panel** at the bottom. You can ask any questions here. Replies will show up on your notification panel. This notification will take you to the Form 3.

