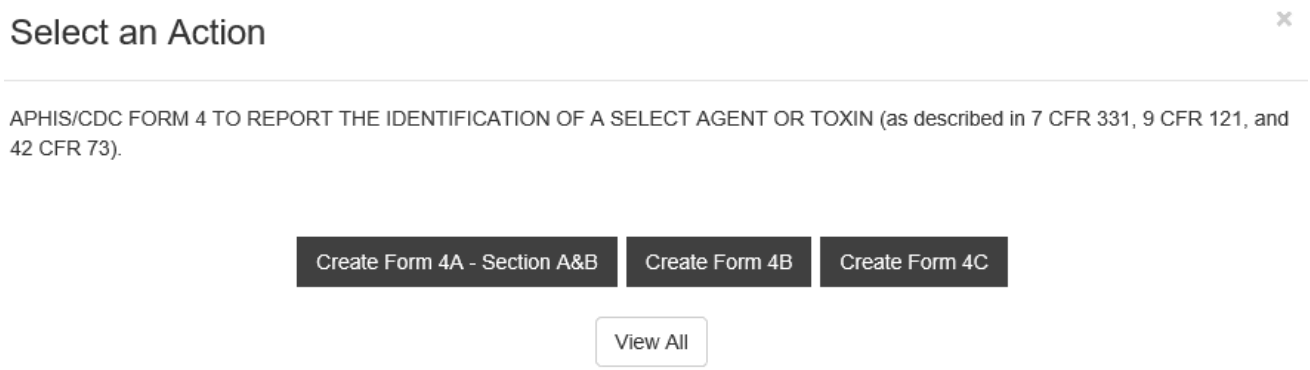
Form 4A Quick Reference Guide

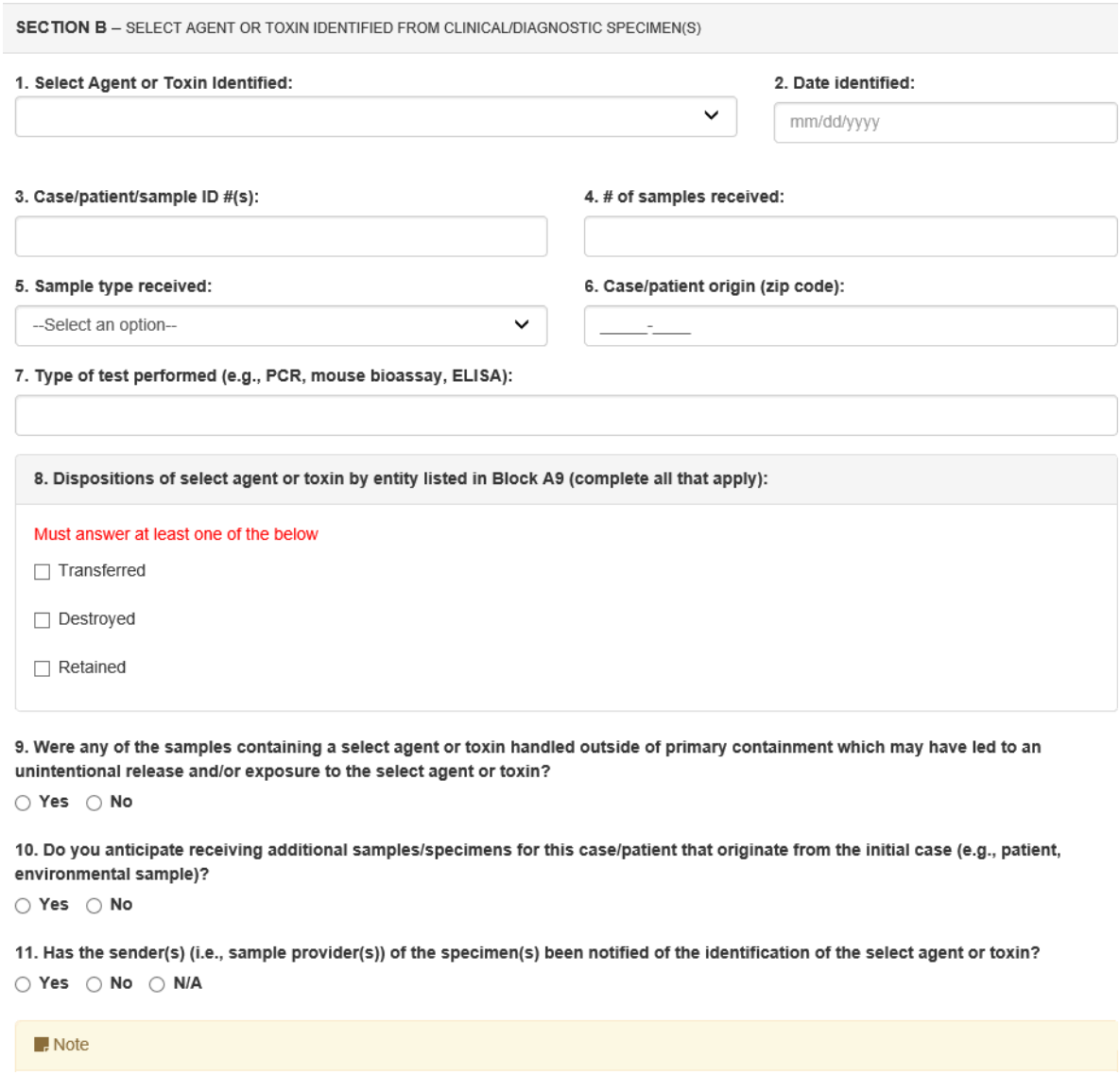
Form 4 – Section A&B

1. Log into eFSAP. Click on Form 4. Click **Create Form 4A – Section A&B.** If completing the reminder of a Form 4 from an immediate notification, access the previously submitted Form 4 by clicking on the **View** button adjacent to the appropriate ID under Form 4 Section ABs.



2. Fill out Section A.
    a. Answer Questions 1-3. Questions 4-13 should be filled out automatically.

3. Fill out Section B.



a. For question 1, select the closest agent or toxin identified.
b. For question 6, if the sample origin is international, leave this field blank or enter “00000”. Provide the international location in the Question 16 comments box.
c. For question 8, you may select more than one option:
    i. **Transferred** – Indicate to whom the sample was sent and the date of the transfer.
    ii. **Destroyed** – Indicate method of destruction and date destroyed.
    iii. **Retained** – Indicate PI (from the dropdown menu of PIs approved to possess select agent and toxin.
d. If you answer yes to question 9, you will need to fill out an APHIS/CDC Form 3 as well.
e. If you answer yes to question 11, you will also need to answer questions 12-15. Click **Add Row**.

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

10. Do you anticipate receiving additional samples/specimens for this case/patient that originate from the initial case (e.g., patient, environmental sample)?

○ Yes ○ No

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?

○ Yes ○ No ○ N/A

Note

Please request completed and signed Sections C & D from each facility that was in possession of the specimen(s).

12. Sample Provider Entity Name:

13. Sample Provider Point of Contact: First M Last

14. Sample Provider E-mail Address:

15. Sample Provider Contact Number:

Clear | Add Row

Sample Provider Entity Name	Name of Sample Provider	Email Address	Contact Number

16. Comments / Notes:

4. **Note**: If the sample provider submitted the entire specimen to the reference laboratory and did not work on the specimen, the reference laboratory must note this in the comment field.
5. For international sample providers, provide any additional details on the sample provider here, including the date the sample provider was notified of the identification.
6. Click **Submit**. Clicking **Save** does **NOT** submit the Form 4 Section A&B.

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: 03/06/2018

Immediate Notification | Save | Submit