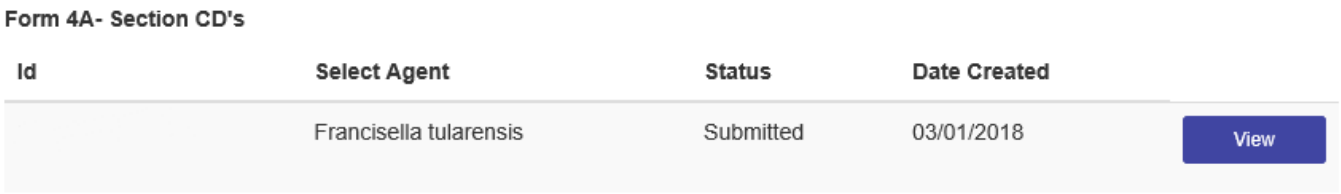
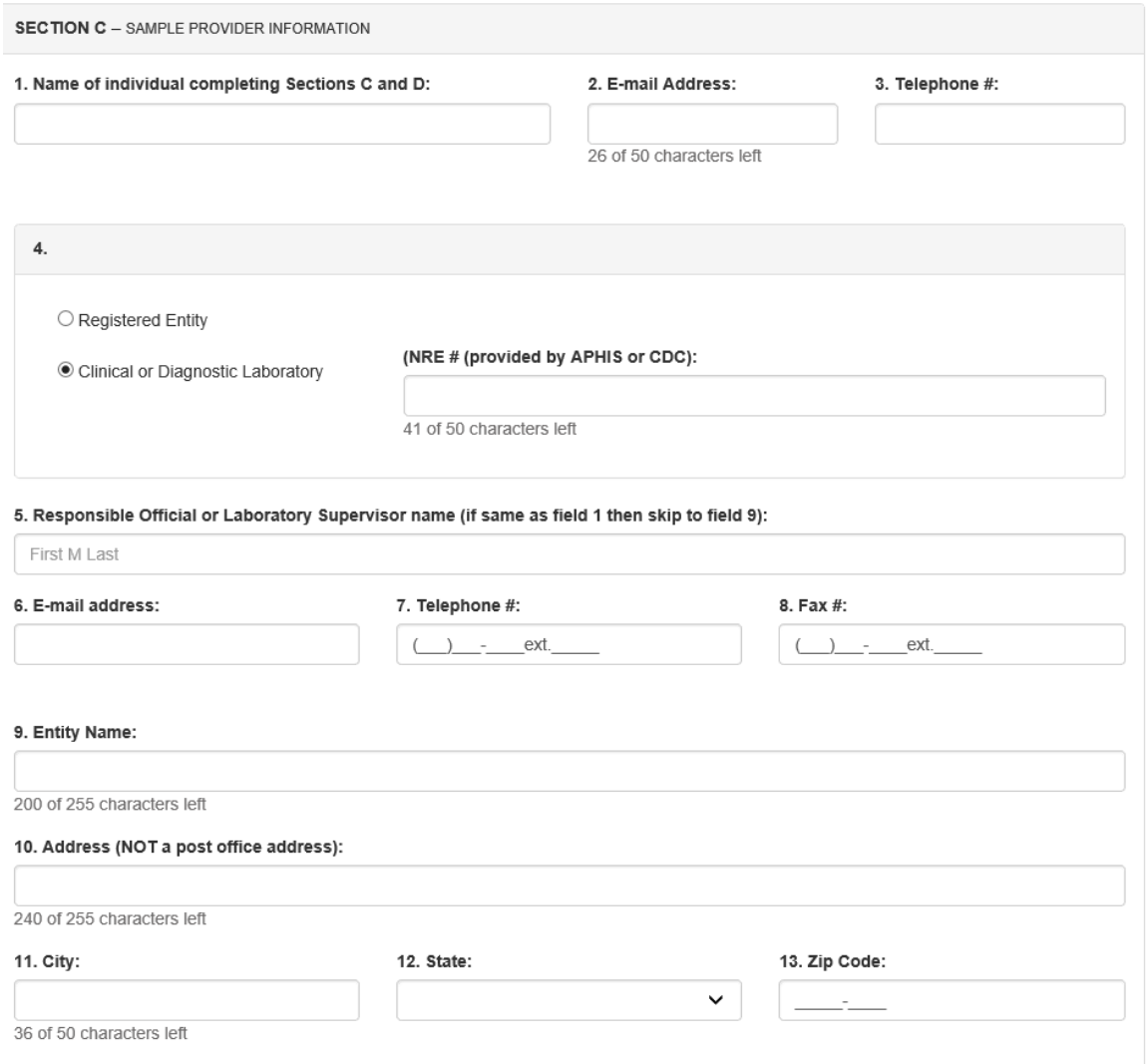
Form 4A Quick Reference Guide Form 4 – Sections C&D

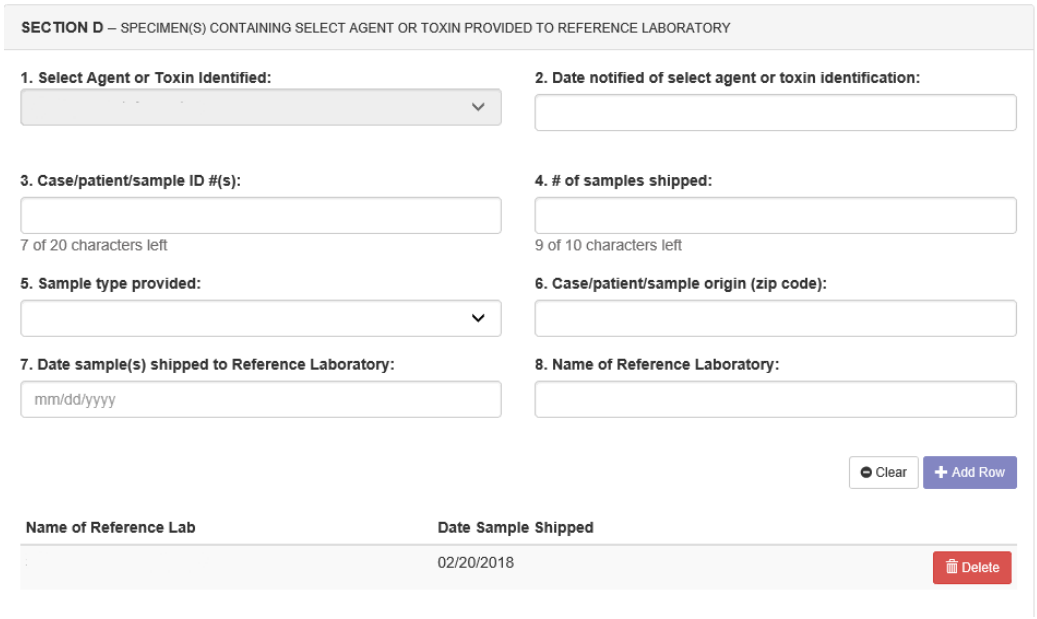
1. Log into eFSAP. Click on **Form 4**. Find the Section C&D for the specified report. Click **View**.



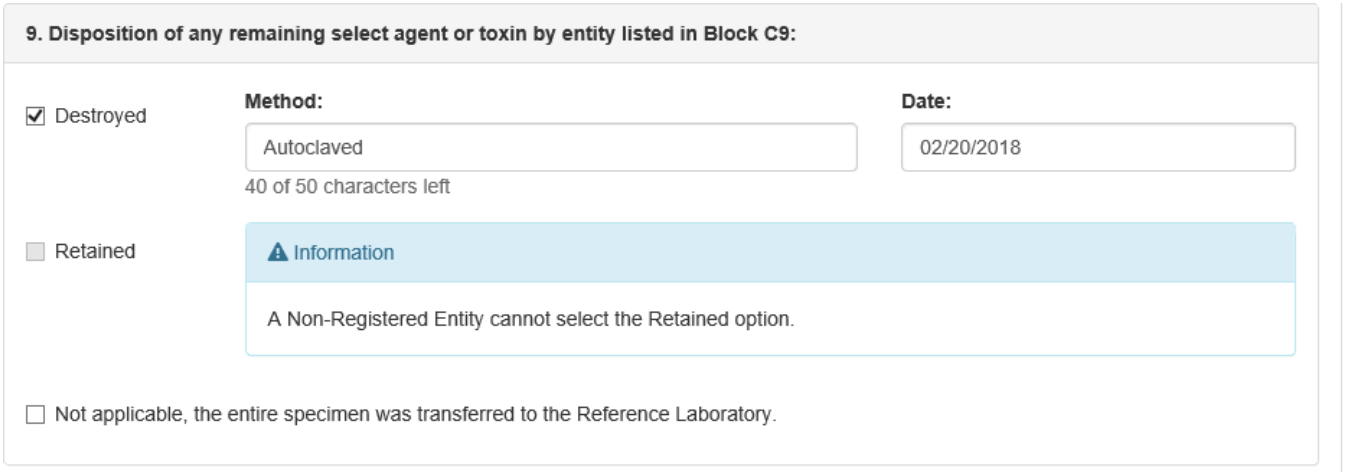
2. Complete Section C. Answer questions 1-3. The remaining questions in Section 3 will be automatically populated from your Form 1.



3. Fill out Section D.
    a. Question 1 will be auto-populated according to the related Section A&B. Answer the remaining questions.



b. Click **Add Row**. You must do this in order to submit your form. Add as many rows as necessary to complete the report.
c. For question 9, you may select more than one option:
    i. **Transferred** – Indicate to whom the sample was sent and the date of the transfer. If the Sample Provider is a non-registered entity, you will see a different option: "Not applicable, the entire specimen was transferred to the Reference Laboratory."
    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. If the Sample Provider is a non-registered entity, this option is not available.



d. If you answer yes to question 10, you will need to fill out an APHIS/CDC Form 3 as well, if you did not do this when you filled out Section A&B.
e. If you answer yes to question 12, you will also need to answer questions 14-16. Click **Add Row**.

10. 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

11. Was your entity the source of the sample(s)?

○ Yes ◉ No

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

○ Yes ◉ No

13. 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

Note

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

14. Sample Provider Entity Name:

15. Sample Provider Point of Contact: First M Last

16. Sample Provider E-mail Address:

17. Sample Provider Contact Number:

Clear | + Add Row

4. Type your name in the Signature of Respondent field, unless the Sample Provider is a non-registered entity, in which case this field will be left blank. The date will auto-populate.

Signature

Certification: I hereby certify that the information contained in Sections C and D 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/Laboratory Supervisor:

Date Signed: 03/06/2018

Request More information | Close | Save | Submit

5. Click **Submit**. Clicking **Save** does **NOT** submit the Form 4 Section C&D.