

## Form 4 Quick Reference Guide

### Form 4 Immediate Notifications

1. Log into eFSAP. Click on Form 4. Click **Create Form 4A – Section A&B**.

#### Select an Action



APHIS/CDC FORM 4 TO REPORT THE IDENTIFICATION OF A SELECT AGENT OR TOXIN (as described in 7 CFR 331, 9 CFR 121, and 42 CFR 73).

Create Form 4A - Section A&B

Create Form 4B

Create Form 4C

View All

2. Fill out the name of the select agent or toxin (**Section B, question 1**), date identified (**Section B, question 2**), and whether there was a release outside of primary containment (**section B, question 9**).

#### SECTION B – SELECT AGENT OR TOXIN IDENTIFIED FROM CLINICAL/DIAGNOSTIC SPECIMEN(S)

1. Select Agent or Toxin Identified:

2. Date identified:

mm/dd/yyyy

3. Case/patient/sample ID #(s):

4. # of samples received:

5. Sample type received:

--Select an option--



6. Case/patient origin (zip code):

\_\_\_\_-\_\_\_\_

7. Type of test performed (e.g., PCR, mouse bioassay, ELISA):

8. Dispositions of select agent or toxin by entity listed in Block A9 (complete all that apply):

Must answer at least one of the below

☐ Transferred

☐ Destroyed

☐ Retained

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

3. Scroll to the bottom of the page and click **Immediate Notification**. You will still need to fill out the remainder of the Form 4 – Section AB within 7 days of the identification. You can access the submitted Form 4 by clicking on Form 4 from the main page, then clicking on the **View** button adjacent to the appropriate ID under Form 4 Section ABs.

 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).

<b>Signature of Responsible Official or Laboratory Supervisor:</b>	<b>Date Signed:</b>
<input type="text"/>	<input type="text" value="03/06/2018"/>

[! Immediate Notification](#)[Save](#)[Submit](#)