HELPFUL INFORMATION FOR FILLING OUT AN APHIS/CDC FORM 4A: REPORT OF THE IDENTIFICATION OF A SELECT AGENT OR TOXIN

Forms and instructions for completing them are available on the Federal Select Agent Program website: https://www.selectagents.gov/forms/index.htm.

- This form should be filled out if the LRN Reference Laboratory (i.e., MTPHL or designee) has contacted you're your laboratory that a sample for rule-out has yielded an agent that is on the registered list of select agents.
- SECTION A and B are completed by the LRN Reference Laboratory
- SECTION C – SAMPLE PROVIDER INFORMATION
    - This is the name, email address, and telephone number of the person completing the form at the **hospital or clinical laboratory that referred the sample to the LRN Reference Laboratory**. [Any other hospital or clinical laboratory who manipulated the sample or culture will also be expected to submit the APHIS/CDC Form 4A. This is for security reasons, so Federal Select Agent Program (FSAP) staff can contact each laboratory involved to ensure all culture and sample material has been referred or destroyed.]
    - Facility names should not be abbreviated. They must be the **full legal name of the facility**.
    - Most clinical laboratories in Montana are not registered with the select agent program; therefore, you will provide the name, email address, phone number, and physical address of the supervisor of the laboratory who manipulated the culture or sample materials (for example, the microbiology supervisor).
- SECTION D – SPECIMEN(S) CONTAINING SELECT AGENT OR TOXIN PROVIDED TO REFERENCE LABORATORY
    - Question 1, 2 – Enter the agent's name (or click the arrow to scroll/select if using a fillable form), and the date the reference laboratory notified your facility that the agent was identified.
    - Question 3, 4 – Enter the number of samples shipped and what kind of samples they were (choose from the dropdown, i.e., animal, human, plant)
    - Question 5 –This zip code is the only patient-related information required on the form, as it is essential for tracking disease over time.
    - Question 6, 7– Enter the date and name of the Reference Laboratory the samples were referred to.
    - Question 8—the entity is the referring laboratory. It is best to refer all materials to MTPHL before a pathogen is identified if referring for rule-out testing.

- **Since MTPHL and clinical laboratories in Montana are not registered with the FSAP**, if the clinical laboratory has retained any patient samples or cultures, they **must be destroyed by the clinical laboratory**, either chemically or physically. **They CANNOT be put into a biohazard bag and handed off to a disposal company.** The clinical laboratory will then list the method and date the samples were destroyed.

- Question 9 -- A "YES" response requires the submission of an APHIS/CDC Form 3.
- Question 21—if your laboratory was the originating laboratory, you may add comments if desired. Sign and date the form and email to form4@cdc.gov or FAX: (404) 471-8469. **If your facility was not the source of the sample, fill out questions 11 through 20 before submitting the form.** Any other referring facilities must also complete and submit the APHIS/CDC Form 4A.