

Form 4B Quick Reference Guide

1. Log into eFSAP. Click on Form 4. Click **Create Form 4B**.
2. Fill out Section A.

SECTION A – INFORMATION FOR LABORATORY THAT RECEIVED PROFICIENCY TESTING SAMPLE(S)

1. Name of individual completing the form

2. E-mail address:

3. Telephone #:

4.

Registered Entity

Clinical or Diagnostic Laboratory [non-registered entity (NRE)]

NRE # (provided by APHIS or CDC):

5. Entity name:

200 of 255 characters left

6. Responsible Official or Laboratory Supervisor name:

7. Telephone #:

8. Fax #:

9. E-mail address:

10. Address (NOT a post office address):

240 of 255 characters left

11. City:

12. State:

13. Zip Code:

36 of 50 characters left

- a. For question 1, select the closest agent or toxin identified.
- b. For question 4, if you are a **registered entity**, you must provide your APHIS or CDC Registration #. If you are a **clinical or diagnostic laboratory (non-registered entity)**, you must provide the NRE# provided to you by APHIS or CDC.
- c. The answer to question 14 is provided by the sponsor.

14. Sponsor/entity that you received select agent or toxin from:

Entity name: **Registration #:**

Entity address:

Telephone #: **E-mail:**

3. Fill out Section B.

a. For question 4, 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. If you are a non-registered entity, you may not retain the select agent and cannot select this as an option.

4. Dispositions of select agents or toxins (complete all that apply):

Transferred ⓘ **Entity:** **Date:**
Invalid Date

Destroyed ⓘ **Method**

Must answer at least one of the below

Autoclave Chemical

Irradiation Expended/Consumed

Incineration Commercial medical waste disposal company

Other

Date:
Invalid Date

Retained

Information

A Non-Registered Entity cannot select the Retained option.

b. If you answer **Yes** to question 5, you will need to fill out a Form 3.

4. Type your name in the Signature of Respondent field. 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 or Laboratory Supervisor:

Date Signed:

 Save

 Submit

5. Click **Submit**. Clicking **Save** does **NOT** submit the Form 4B.