

REPORT OF THEFT, LOSS, OR RELEASE OF SELECT AGENTS AND TOXINS (APHIS/CDC FORM 3)

FORM APPROVED OMB NO. 0579-0213 OMB NO. 0920-0576 EXP DATE 10/31/2014

INSTRUCTIONS

Detailed instructions are available at http://www.selectagents.gov/TLRForm.html. Answer all items completely and type or print in ink. This report must be signed and submitted to either APHIS or CDC:

Animal and Plant Health Inspection Service Agricultural Select Agent Program 4700 River Road Unit 2, Mailstop 22, Cubicle 1A07 Riverdale, MD 20737 FAX: (301) 734-3652

Email: <u>Agricultural.Select.Agent.Program@aphis.usda.gov</u>

Centers for Disease Control and Prevention Division of Select Agents and Toxins 1600 Clifton Road NE, Mailstop A-46 Atlanta, GA 30333

FAX: (404) 718-2096 Email: form3@cdc.gov Accession Number:

(For Program Use ONLY)

Submit completed form only once by either email, fax, or mail

SECTION 1 – TO BE COMPLETED BY ALL ENTITIES							
1. Date of Incident:	2. Date of Immediate Notification:		3. Type of Immediate Notification:				
					☐ Email ☐ Fax ☐ Telephone		
4. Name of Entity (entities registered with CDC					ity registra	tion number (For	select agent registered entities
Name of Hospital or Laboratory (non-registe	ered entities):			only):			
						1	T
6. Physical Address:		7. City:				8. State:	9. Zip Code:
10. Responsible Official (registered) or Name of Laboratory Supervisor (non-registered):							
11. Telephone #:	12. Fax #:			13. F		. Email address:	
14a: Type of Incident (Human Health):		15. Did the release result in a potential exposure?					
That Class C Balance C Lal	A considered Infection						
☐ Theft ☐ Loss ☐ Release ☐ Lab Acquired Infection ☐ No ☐ Yes ☐ N/A (If Yes, explain in Blocks 28 or 31) 14b: Type of Incident (Animal and Plant Health):					n in Biocks 28 or 31)		
14b. Type of incident (Affilia and Flant Fleatin).		If yes, has medical surveillance been initiated?					
☐ Unintended Animal Infection ☐ Unintended Plant Agent Release							
14c: Transfer:		☐ No ☐ Yes ☐ N/A (If Yes , explain in Blocks 28 or 31)					
☐ Transfer incident (complete Sections 1 and	2 and Appendix B)						
16. Time incident occurred:	17. Location of incident (building and roo		ding and room	n #):	, .		
					centrifuge	e):	
19. Biosafety level: ☐ BSL2 ☐ BSL3 ☐ BSL4	20. Date of last inventory (for reporting los only):		SS	21. Name of Principal Investigator:			
BSL2 BSL3 BSL4	Offig).	only).					
PPQ Agent BSL3 Ag							
SECTION 2 – TO BE COMPLETED BY ALL ENTITIES							
22. Name of Select Agent or Toxin	23. Characterization of Agent (e. g. strain, ATCC #)				24. Quantity / Amount		
A	(0. 9.		<u> </u>				
В							

25. Provide a detailed summary of events including a timeline of what occurred. V root cause can be identified. State specifically what personal protective equipmen incident involves a non-human primate, please state species.	
Block 25. Continued: (Use Appendix A for continuation, if necessary)	
SECTION 3 – TO BE COMPLETED BY OF SELECT AGENTS AND TOXINS	
26. An internal review of laboratory procedures and policies has been initiated to l toxins at this entity.	lessen the likelihood of recurrences of theft, loss or release of select agents and
☐ No ☐ Yes If yes, please provide additional details).
27. What were the hazards posed to humans by the extent of the release or occup	pational exposure?
28. What is the estimated extent of the release or exposure in relation to the proxi	imity of susceptible humans, animals and plants?
29. Provide a brief summary of how the laboratory and work surfaces were decon	taminated after the release.
30. In select agents and toxins posing a risk to humans, please state how many la medical surveillance provided (do not provide names or confidential information).	aboratorians were potentially exposed and provide a brief summary of the
Certification: I hereby certify that the information contained on this form is true and co- false statement on any part of this form, or its attachments, I may be subject to crimin select agent regulations may result in civil or criminal penalties, including imprisonment	nal fines and/or imprisonment. I further understand that violations of the
Signature of Respondent:	Title:
Typed or printed name of Respondent:	Date Signed:

APPENDIX A ADDITIONAL SHEET FOR CONTINUATION OF INFORMATION	
Continue Form 3 comments here. State which block from the Form 3 the continuation is from. (Example: The following statement is a continuation of block 25:)	
	☐ Continue on next page

APPENDIX A ADDITIONAL SHEET FOR CONTINUATION OF INFORMATION	

APPENDIX B IF THE INCIDENT OCCURRED DURING TRANSFER, COMPLETE SECTIONS 1 AND 2 OF FORM 3 AND PROVIDE THE FOLLOWING INFORMATION (INCLUDE A COPY OF THE RELEVANT APHIS/CDC FORM 2)				
Transfer authorization number from APHIS/CDC Form 2:	2. Date Shipped:			
3. Name of Carrier:	4. Airway bill number, bill of lading number, tracking number:			
5. Package Description (size, shape, description of packaging in	cluding number and type of inner packages; attach additional sheets as necessary):			
Package with select agents and toxins received by requestor:	7. Package with select agents and toxins appears to have been opened:			
□ No □ Yes If yes, date of receipt:	No Yes If yes, include explanation in box 5 above.			
8. Sender was contacted regarding incident:	Carrier/courier was contacted regarding incident:			
No Yes	│			
	form is true and correct to the best of my knowledge. I understand that if I knowingly provide a e subject to criminal fines and/or imprisonment. I further understand that violations of the luding imprisonment. 7 CFR 331, 9 CFR 121, 42 CFR 73.			
Signature of Respondent:	Title:			
Typed or printed name of Respondent:	Date Signed:			

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 30333; ATTN: PRA (0920-0576).