

People.

Planning.

Preparedness.



Thrive: People. Planning. Preparedness.



OneLab **Summit** 2024



Empowering Healthcare: Bridging Gaps, Building Futures with the Clinical Laboratory Development Program



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Laboratory Onboarding Template: Pilot Test by the Guam Public Health Laboratory (GPHL)



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Job Aid



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COVID-19—Leading in Times of Crisis



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Communication for Laboratory Professionals



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Managing Burnout in a Post-COVID World



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CE:

1.5 Contact Hour(s)



Duration:

1.5 Hours

[Start Course](#)

Introduction to Clinical Laboratory Improvement Amendments (CLIA) of 1988



eLearning
Course



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CLIA Proficiency Testing (PT) Final Rule, CMS-3355-F



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The Survey Process: What You Need to Know for Your CLIA Survey



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Provider Performed Microscopy Procedures



Job Aid



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Diagnostic Excellence: A New Quality Tool to Prevent Blood Culture Contamination



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CE:

1.0 Contact Hour



Duration:

1.0 Hour

[Start Course](#)

Laboratory Risk Management



eLearning
Course



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Laboratory Training using VR



OneLab VR
Web Page

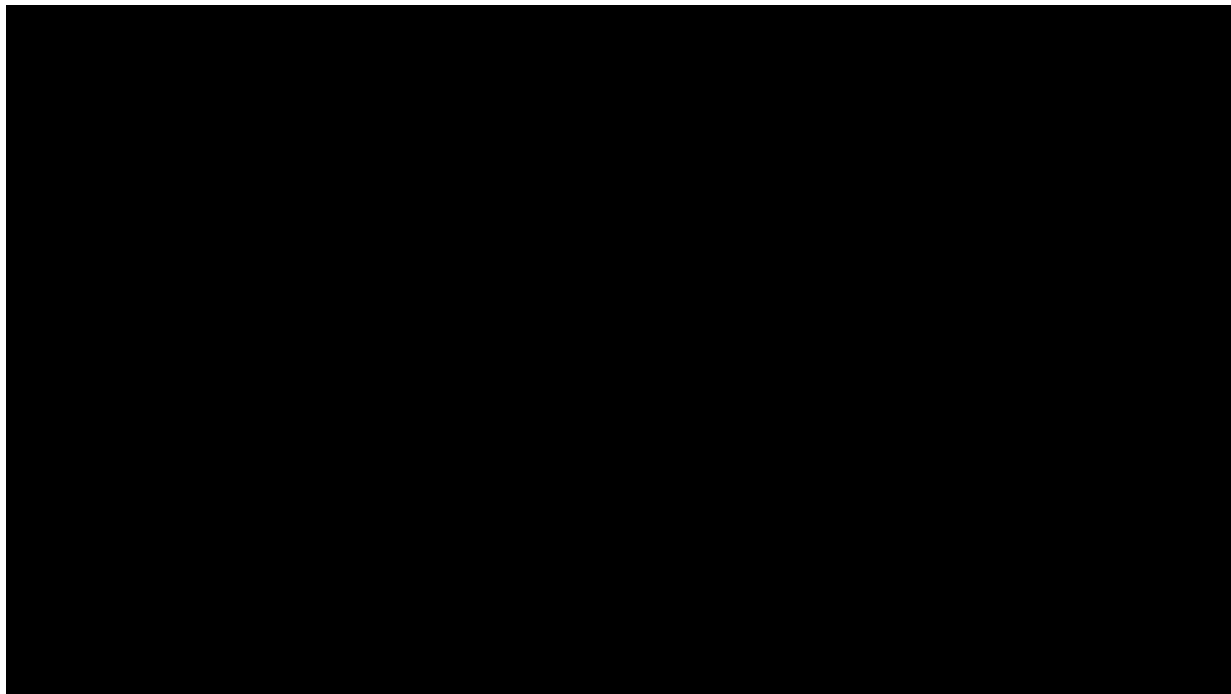


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Event



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OneLab VR: Tutorial Scenario

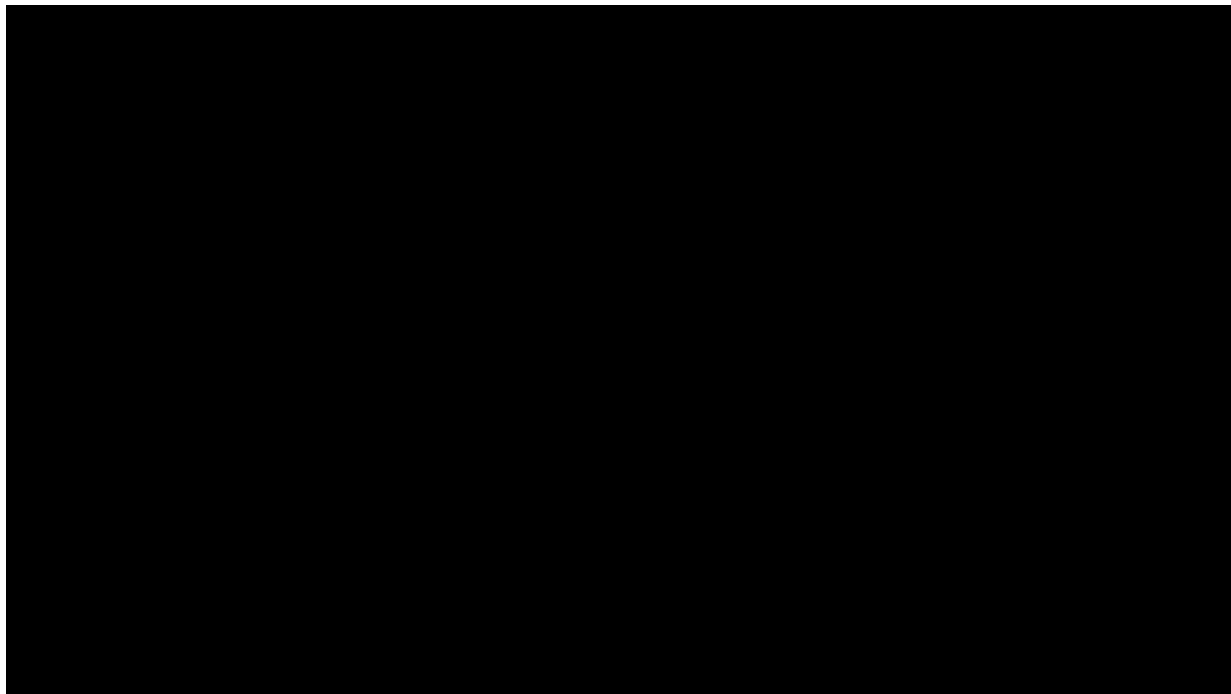


VR Scenario



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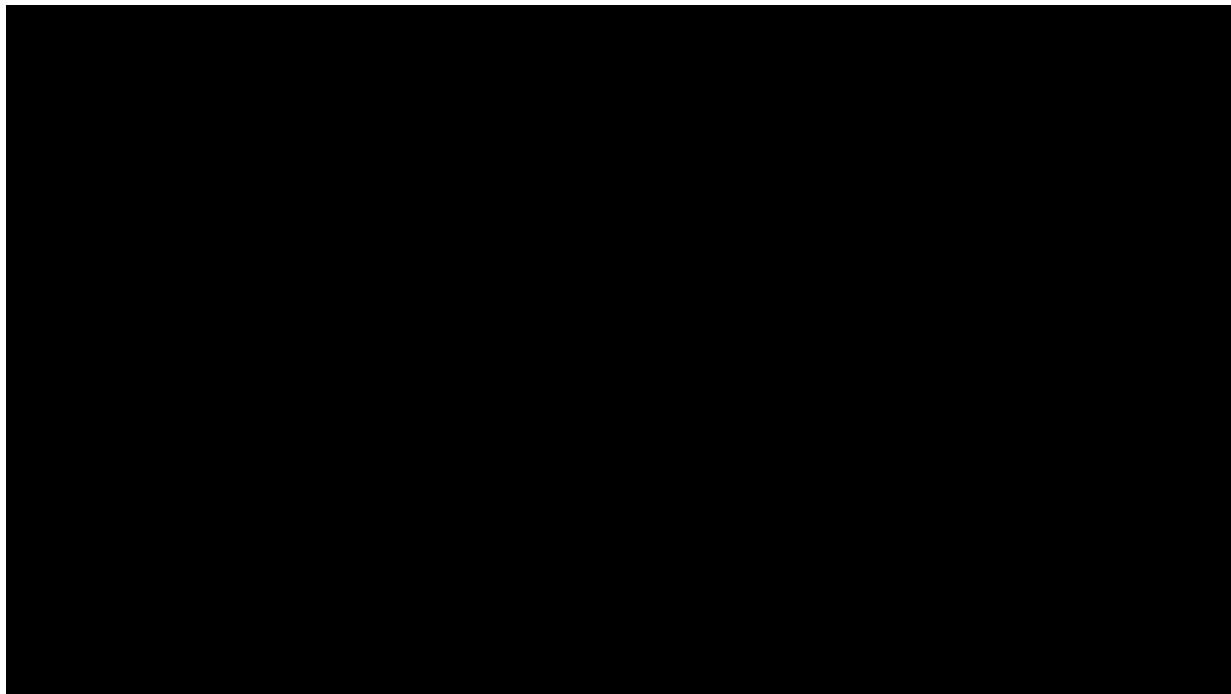
OneLab VR: Packing and Shipping Category B Scenario



VR Scenario



OneLab VR: Centrifuge Safety Scenario



VR Scenario



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CE:

3.0 Contact Hour(s)



Duration:

3.0 Hours

[Start Course](#)

Laboratory Continuity of Operations Planning (COOP)



eLearning
Course



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Preparedness Job Aids & Resources

| CDC DIVISION OF LABORATORY SYSTEMS | |
|---------------------------------------------|---------------------|
| Emergency Personnel and Other Contacts | |
| Emergency Personnel and Facilities | Telephone Number(s) |
| Fire Department | |
| Police Department | |
| Ambulance and Emergency Medical Services | |
| State and Local Emergency Operations Center | |
| Employee Emergency Hotline | |
| Alternate Facility Contacts | |
| IT Contacts | |
| Phone Contacts | |
| Vendor 1 | |
| Vendor 2 | |
| Vendor 3 | |
| | |
| | |
| | |

This job aid is a component of the free, on-demand CDC training course "Laboratory Continuity of Operations." Find the course at <https://reach.cdc.gov/training>.



Job Aids &
Resources



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How to Plan for *B. pseudomallei* Exposure Cases - A Laboratory Perspective



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Recognizing, Identifying, and Reporting the Identification of Select Agents and Toxins



REPORTING THE IDENTIFICATION OF A SELECT AGENT OR TOXIN FROM A CLINICAL/DIAGNOSTIC SPECIMEN (APHIS/CDC FORM 4A)

FORM APPROVED
OMB NO. 9205-016
EXP. DATE: 9/30/2024

Detailed instructions are available at <http://www.selectagents.gov/form4.html>. This report must be submitted to either DASAT or DSAT.

Animal and Plant Health Inspection Service
Division of Agricultural Select Agents and Toxins
4700 River Road Unit 2, Mailstop 22, Cubicle 1A27
Rowland, MD 20737
FAX: (301) 734-3652
E-mail: DASAT@usda.gov

Centers for Disease Control and Prevention
Division of Select Agents and Toxins
1600 Clifton Road NE, Mailstop H21-4
Atlanta, GA 30333
FAX: (404) 471-8469
E-mail: CDCTSum4@cdc.gov

Submit completed form only once by either eFSAP, e-mail, or fax

PART I - REPORT OF IDENTIFICATION

SECTION A - REFERENCE LABORATORY INFORMATION

| | | |
|-------------------------------------------------------------------------|--------------------|-----------------------------------------------|
| 1. Name of individual completing Sections A and B (First, M, Last): | 2. E-mail address: | 3. Telephone #: |
| 4. Entity name or Name of Clinical/Diagnostic Laboratory: | | |
| 5. Responsible Official or Laboratory Supervisor name (First, M, Last): | 6. E-mail address: | 7. Telephone #: |
| 8. Address (NOT a post office address): | 9. City: | 10. State: (Select) 11. Zip Code: (Select) |

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

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1. Select Agent or Toxin Identified: (Select) | 2. Date Identified: | 3. Date of Immediate Notification for Tier 1 agents or NIA for non-Tier 1 agents to APHIS or CDC: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone <input type="checkbox"/> eFSAP <input type="checkbox"/> N/A | 4. Type of notification to APHIS or CDC: <input type="checkbox"/> eFSAP <input type="checkbox"/> N/A |
| 5. # of samples received: | 6. Sample type received: (select) | 7. Zip code for case/patient/sample origin: | |
| 8. Type of test performed: <input type="checkbox"/> Biochemical <input type="checkbox"/> Culture <input type="checkbox"/> DFA/FA <input type="checkbox"/> ELISA/ELISA <input type="checkbox"/> Mouse Bioassay <input type="checkbox"/> Immunochrometry <input type="checkbox"/> Mass Spectrometry (e.g., MALDI) <input type="checkbox"/> Microscopy <input type="checkbox"/> Mouse Bioassay <input type="checkbox"/> PCR <input type="checkbox"/> Sequencing <input type="checkbox"/> Other: | | | |
| 9. Dispositions of select agent or toxin listed by entity (complete all that apply): <input type="checkbox"/> Transferred (Provide entity name and date of transfer: Entity _____ Date: _____) <input type="checkbox"/> Destroyed (Provide destruction method and date: Method: _____ Date: _____) <input type="checkbox"/> Retained (Provide name of Principal Investigator retaining sample: Name: _____) | | | |
| 10. Were any of the samples containing a select agent or toxin handed outside of primary containment which may have led to an unintentional release and/or exposure to the select agent or toxin? No <input type="checkbox"/> Yes (If Yes, you are required under 7 CFR §331.19, 9 CFR §121.19, and 42 CFR §73.19 to complete and submit an APHIS/CDC Form 3) | | | |
| 11. Has the sender(s) (i.e., sample provider(s)) been notified of the identification of the select agent or toxin? No <input type="checkbox"/> Yes <input type="checkbox"/> Date of Notification: _____ NOTE: Please request completed and signed Part 2 from each facility that was in possession of the specimen(s). | | | |
| 12. Was your entity the source of the sample(s)? No <input type="checkbox"/> Yes <input type="checkbox"/> (If Yes, skip to #22 if you have any additional comments.) | | | |
| 13. Is the sample provider located outside the United States? No <input type="checkbox"/> Yes <input type="checkbox"/> If Yes, provide country: (select) | | | |
| 14. Sample Provider Entity Name: | | | |
| 15. Address (NOT a post office address): | 16. City: | 17. State: (select) | 18. Zip Code: |
| 19. Sample Provider Point of Contact (First, M, Last): | 20. Sample Provider E-mail Address: | 21. Sample Provider Contact Number: | |
| 22. Comments / Notes: | | | |

I hereby certify that the information contained in Part 1 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 Part 331, 9 CFR Part 121, or 42 CFR Part 73 may result in Civil or criminal penalties, including imprisonment.

Signature of Responsible Official/Laboratory Supervisor: _____ Date Signed: _____

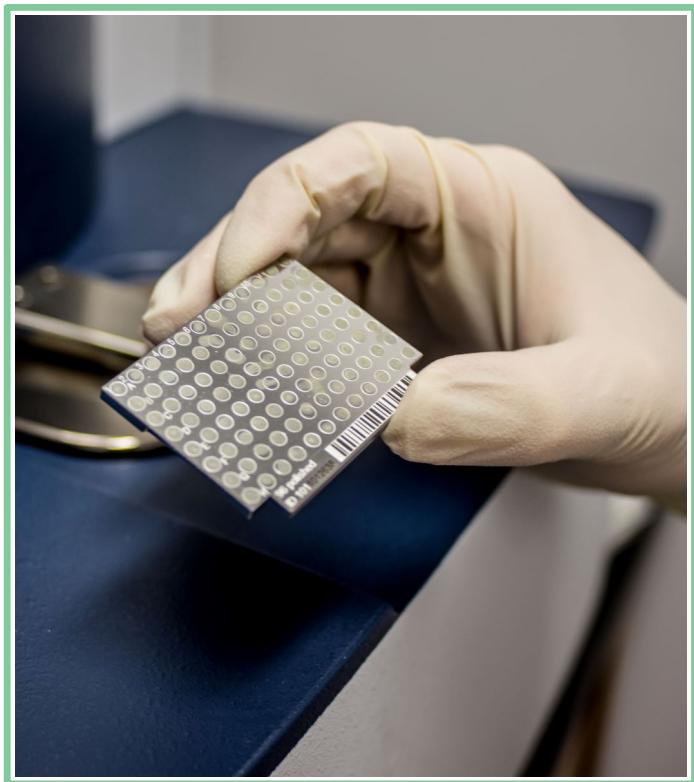
Public reporting burden: Public reporting burden of providing the information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to OMB (0925-0168) and/or the Office of Management and Budget, Paperwork Project Director (0925-0168). Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to OMB (0925-0168).
Clearance Officer: 1600 Clifton Road NE, MS 574, Atlanta, Georgia 30333-ATtn: PHA (9205-0168)



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Biosafety Practices and Reporting Occupational Exposures for Select Agents and Toxins (Part 2)



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OneLab **Summit** 2024



Pipeline and Hazardous Materials Safety Administration (PHMSA) Training Program Requirements: Shipping Hazmat such as Cat A



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Packing and Shipping Suspected Ebola Specimens



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