

Maryland Department of Health and Mental Hygiene



NOTIFICATION OF POSSESSION OF SELECT AGENTS OR HIGH CONSEQUENCE LIVESTOCK PATHOGENS AND TOXINS

Read all instructions carefully before completing this application. Type or print in black or blue ink. This application must be signed or it will not be processed. All facilities receiving this form must complete and return it to the Office of Laboratory Emergency Preparedness and Response at the Maryland Department of Health and Mental Hygiene.

SECTION 1 – FACILITY INFORMATION

Record the correct information in the space provided for each item.

Facility Name: _____
Street Address: _____
Mailing Address: _____
City: _____
State: _____
Zip Code: _____
County: _____
Main Phone Number: _____
Main Fax Number: _____
Website URL: _____

SECTION 2 – FACILITY STATISTICAL INFORMATION

Answer the following questions by placing an "X" in the appropriate box.

TYPE OF FACILITY (select only one)

- Academic
- Government
- Commercial (Private For Profit)
Under Government Contract? YES NO
- Private (Non-Profit)
Under Government Contract? YES NO
- Other (Please Explain: _____)

TYPE OF WORK PERFORMED AT FACILITY (select all that apply)

- Diagnostic Work
- Vaccine Development
- Research
- Use In Animals (indicate animal type: Livestock Other)
- Large-Scale Production
- Teaching
- Storage Only (No Current Work)
- Other (Please Specify: _____)

SECTION 3 – RESPONSIBLE OFFICAL (RO) NAME AND CONTACT INFORMATION

Record the correct information in the space provided for each item.

Prefix (Ms., Mr., Dr., etc.): _____
First Name, Middle Initial, Last Name: _____
Credentials (MD, PhD, etc.): _____
Title: _____
Office Number: _____
Fax Number: _____
E-Mail Address: _____
Emergency Cell Phone Number: _____
Other Number: _____
Mailing Address _____
(if different from facility address listed above) _____

SECTION 4 – ALTERNATE RESPONSIBLE OFFICIAL (ARO) NAME AND CONTACT INFORMATION

Record the correct information in the space provided for each item.

Prefix (Ms., Mr., Dr., etc.): _____
First Name, Middle Initial, Last Name: _____
Credentials (MD, PhD, etc.): _____
Title: _____
Office Number: _____
Fax Number: _____
E-Mail Address: _____
Emergency Cell Phone Number: _____
Other Number: _____

Mailing Address _____
(if different from facility address listed above) _____

SECTION 5 – PRINCIPAL INVESTIGATOR (PI) NAME AND CONTACT INFORMATION

Record the correct information in the space provided for each item.

Prefix (Ms., Mr., Dr., etc.): _____
First Name, Middle Initial, Last Name: _____
Credentials (MD, PhD, etc.): _____
Title: _____
Office Number: _____
Fax Number: _____
E-Mail Address: _____
Emergency Cell Phone Number: _____
Other Number: _____

Mailing Address _____
(if different from facility address listed above) _____

NOTE: FOR ADDITIONAL ALTERNATE RESPONSIBLE OFFICIALS OR PRINCIPLE INVESTIGATORS, MAKE EXTRA COPIES OF THIS PAGE.

SECTION 6 – CEO/DIRECTOR NAME AND CONTACT INFORMATION

Record the correct information in the space provided for each item.

Prefix (Ms., Mr., Dr., etc.): _____
First Name, Middle Initial, Last Name: _____
Credentials (MD, PhD, etc.): _____
Title: _____
Office Number: _____
Fax Number: _____
E-Mail Address: _____
Emergency Cell Phone Number: _____
Other Number: _____

Mailing Address _____
(if different from facility address listed above) _____

SECTION 7 – SELECT AGENTS POSSESSED BY FACILITY

Place an "X" in each corresponding box to indicate each select agent or toxin included on your federal registration.

HHS SELECT AGENTS AND TOXINS

- Abrin
- Botulinum neurotoxins*
- Botulinum neurotoxin producing species of *Clostridium**
- Conotoxins (Short, paralytic alpha conotoxins containing the following amino acid sequence X1CCX2PACGX3X4X5X6CX7)
- Coxiella burnetii*
- Crimean-Congo haemorrhagic fever virus
- Diacetoxyscirpenol
- Eastern Equine Encephalitis virus
- Ebola virus*
- Francisella tularensis**
- Lassa fever virus
- Lujo virus
- Marburg virus*
- Monkeypox virus
- Reconstructed replication competent forms of the 1918 pandemic influenza virus containing any portion of the coding regions of all eight gene segments (Reconstructed 1918 Influenza Virus)
- Ricin
- Rickettsia prowazekii*
- SARS-associated coronavirus (SARS-CoV)
- Saxitoxin
- South American Haemorrhagic Fever viruses:
 - Chapare
 - Guanarito
 - Junin
 - Machupo
 - Sabia
- Staphylococcal enterotoxins A,B,C,D,E subtypes
- T-2 toxin
- Tetrodotoxin
- Tick-borne encephalitis complex (flavi) viruses:
 - Far Eastern subtype
 - Siberian subtype
 - Kyasanur Forest disease virus
 - Omsk hemorrhagic fever virus
- Variola major virus (Smallpox virus)*
- Variola minor virus (Alastrim)*
- Yersinia pestis**

OVERLAP SELECT AGENTS AND TOXINS

- Bacillus anthracis**
- Bacillus anthracis* Pasteur strain
- Brucella abortus*
- Brucella melitensis*
- Brucella suis*
- Burkholderia mallei* *
- Burkholderia pseudomallei**
- Hendra virus
- Nipah virus
- Rift Valley fever virus
- Venezuelan equine encephalitis virus

USDA SELECT AGENTS AND TOXINS

- African horse sickness virus
- African swine fever virus
- Avian influenza virus
- Classical swine fever virus
- Foot-and-mouth disease virus*
- Goat pox virus
- Lumpy skin disease virus
- Mycoplasma capricolum*
- Mycoplasma mycoides*
- Newcastle disease virus
- Peste des petits ruminants virus
- Rinderpest virus*
- Sheep pox virus
- Swine vesicular disease virus

USDA PLANT PROTECTION AND QUARANTINE (PPQ) SELECT AGENTS AND TOXINS

- Peronosclerospora philippinensis* (*Peronosclerospora sacchari*)
- Phoma glycinicola* (formerly *Pyrenochaeta glycines*)
- Ralstonia solanacearum*
- Rathayibacter toxicus*
- Sclerophthora rayssiae*
- Synchytrium endobioticum*
- Xanthomonas oryzae*

*Denotes Tier 1 Agent

SECTION 9 – SELECT AGENT PERMITS

List CDC Select Agent Program Registration Number and Expiration Date.

Registration Number: _____ Expiration Date: _____

List All USDA Select Agent Program Registration Numbers and Expiration Dates.

Registration Number: _____ Expiration Date: _____

Registration Number: _____ Expiration Date: _____

Registration Number: _____ Expiration Date: _____

NOTE: FOR ADDITIONAL PERMIT NUMBERS, MAKE EXTRA COPIES OF THIS PAGE.

SECTION 10 – INCIDENT RESPONSE PLAN

Place an "X" in the box that applies to your facility. If your facility has not previously submitted a copy of its Biological Agent Incident Response Plan (BAIRP), or if your facility has completed its annual review and has made revisions/amendments, include a copy with this form.

- BAIRP Attached Revised/Amended BAIRP Attached No Changes Since Last Submission
Date of BAIRP _____ Date of BAIRP _____

SECTION 11 – CERTIFICATION AND SIGNATURE

I hereby certify that I have been designated as the Responsible Official for the facility listed above, that I am authorized to bind the facility, and that the information supplied on this form is to the best of my knowledge accurate and truthful. I understand that a false statement on any part of this form could result in legal action.

DECLARATION OF POSSESSION: THIS FACILITY POSSESSES ONE OR MORE OF THE SELECT AGENTS ON THE LIST ABOVE.

SIGNATURE OF RESPONSIBLE OFFICIAL _____	DATE _____
PRINT NAME AND TITLE _____	

DECLARATION OF NON-POSSESSION: THIS FACILITY DOES NOT POSSESS ANY SELECT AGENTS ON THE LIST ABOVE.

SIGNATURE OF RESPONSIBLE OFFICIAL _____	DATE _____
PRINT NAME AND TITLE _____	