

Maryland Department of Health

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

Read all instructions carefully before completing this application. Fill out form completely. 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.

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 Address: _____

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 OFFICIAL (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 PRINCIPAL 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
- Bacillus cereus* Biovar *anthracis**
- 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)
- SARS-CoV/SARS-CoV-2 chimeric viruses resulting from any deliberate manipulation of SARS-CoV-2 to incorporate nucleic acids coding for SARS-CoV virulence factors
- Saxitoxin

South American Haemorrhagic Fever viruses:

- Chapare
- Guanarito
- Junin
- Machupo
- Sabia
- Staphylococcal enterotoxins (subtypes A,B,C,D,E)
- 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 VETERINARY SERVICES (VS) 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*
- Newcaslte 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

- Coniothyrium glycines*
(*Phoma glycincicola* and *Pyrenopeziza glycines*)
- Peronosclerospora philippinensis*
(*Peronosclerospora sacchari*)
- Ralstonia solanacearum*
- Rathayibacter toxicus*
- Schlerophthora rayssiae*
- Synchytrium endobioticum*
- Xanthomonas oryzae*

*Denotes Tier 1 Agent

SECTION 9 – SELECT AGENT PERMITS

List all CDC/APHIS Select Agent Program Registration Numbers and Expiration Dates.

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 _____ _____ _____	