

## 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. 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.

#### SECTION 1 – FACILITY INFORMATION

Record current contact 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 current contact 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 current contact 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 current contact 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 current contact 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)
- ☐ 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**

- ☐ *Coniothyrium glycines*
- ☐ *Peronosclerospora philippinensis* (*Peronosclerospora sacchari*)
- ☐ *Ralstonia solanacearum*
- ☐ *Rathayibacter toxicus*
- ☐ *Sclerophthora rayssiae*
- ☐ *Synchytrium endobioticum*
- ☐ *Xanthomonas oryzae*

\*Denotes Tier 1 Agent

## SECTION 8 – SELECT AGENTS POSSESSED BY FACILITY

Each select agent used at different risk levels should be listed separately for each laboratory. Add "TBA" next to those select agents that your facility does not currently possess.

Agent/Toxin Name	Viable	Agent Nature			Laboratory Area		Storage Area		Biosafety Level *	Principal Investigator
		Bacterium or Virus	Fungus or Rickettsia	Allergen or Toxin	Genomic or Recomb. DNA	Bldg	Room	Bldg	Room	
	Yes or No									
*Biosafety Level 2=BSL2 Biosafety Level 3=BSL3 Biosafety Level 4=BSL4  Biosafety Level 3 Agriculture=BSL3ag Toxin= 29 CFR 1910.1450, 29 CFR 1910.1200 and BMBL	Animal Biosafety Level 2=ABSL2 Animal Biosafety Level 3=ABSL3 Animal Biosafety Level 4=ABSL4									rDNA Large Scale BSL2 = NIH BL2-LS rDNA Large Scale BSL3 = NIH BL3-LS rDNA Large Scale BSL4 = NIH BL4-LS

rDNA Large Scale BSL2 = NIH BL2-LS  
rDNA Large Scale BSL3 = NIH BL3-LS  
rDNA Large Scale BSL4 = NIH BL4-LS

TBA = To Be Acquired

Plant=BSL2-P  
Plant=BSL3 -P

Biosafety Level 3 Agriculture=BSL3ag  
Toxin= 29 CFR 1910.1450, 29 CFR 1910.1200 and BMBL

**NOTE: FOR ADDITIONAL SELECT AGENTS, MAKE EXTRA COPIES OF THIS PAGE.**

**SECTION 9 – SELECT AGENT PERMITS**

List CDC Select Agent Program Registration Number and Expiration Date.

Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List All APHIS 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 designed 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