

**Maryland Department of Health
Biological Agents Registry (BAR) Program**

Information Request Form

Requestor Information

Name: _____

Agency Name: _____

Contact Number: _____

Information Requested and Reason

Signature: _____

Date: _____

Biological Agents Registry Information

For Office Use Only

Decision to Release:

Yes ☐ No ☐

Justification for the Release of Information:

- ☐ State law enforcement investigation involving release, theft, or loss of a biological agent
- ☐ Federal law enforcement investigation involving release, theft, or loss of a biological agent
- ☐ Centers for Disease Control and Prevention investigation involving release, theft, or loss of a biological agent
- ☐ State or federal agency having investigatory authority
- ☐ The Department's use in the planning for the public's protection against a potential public health threat, either naturally occurring or by biological terrorism; or in the investigation of non-compliance with State regulations (COMAR 10.10.11)

Date Information Released: _____

Processed By: _____

Date: _____

Reviewed By: _____

Date: _____