

**SELECT AGENTS AND TOXINS TRANSFER
(MDH Form 2)**

This form is available at <https://health.maryland.gov/laboratories/Pages/Office-Of-Laboratory-Emergency-Preparedness-and-Response.aspx>. Answer all items completely and submit the form to the Biological Agents Registry (BAR) Program at the Maryland Department of Health (MDH), Laboratories Administration (Labs Admin), Office of Laboratory Emergency Preparedness and Response (OLEPR) within 24 hours after the transfer is complete.

Maryland Department of Health, Laboratories Administration
Office of Laboratory Emergency Preparedness and Response
Biological Agents Registry Program
1770 Ashland Avenue, Room 134
Baltimore, MD 21205
Fax: 443-681-4509
E-Mail: dolepr_dhmf@maryland.gov

APHIS/CDC AUTHORIZATION NUMBER: _____ EXPIRATION DATE: _____

SECTION 1 – TO BE COMPLETED BY RECIPIENT				
SECTION A – RECIPIENT INFORMATION				
1. Entity name:		2. Entity registration number:		
3. Address (NOT a post office address):		4. City:	5. State:	6. Zip code:
7. Principal Investigator name:		8. APHIS Permit #:		
9. Responsible Official (RO) name:		10. RO telephone #:		
11. RO fax #:		12. RO e-mail address:		
SECTION B – SENDER INFORMATION				
13. Entity name:		14. <input type="checkbox"/> Entity registration number: _____ <input type="checkbox"/> Clinical/diagnostic laboratory <input type="checkbox"/> Other: _____		
15. Address (NOT a post office address):		16. City:	17. State:	18. Zip code:
20. Responsible Official (RO) or facility director:		21. RO/Facility Director telephone #:		
22. RO/Facility Director fax #:		23. RO/Facility Director e-mail address:		
24. This transfer request is for a select agent or toxin that was identified in a clinical or diagnostic sample: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please ensure that a completed MDH Form 4 "Report of the Identification of a Select Agent or Toxin" is submitted to the OLEPR, Labs Admin within 24 hours.				
25. Is the agent a product of a restricted experiment, as defined in section 13 of the select agent regulations? If yes, provide the description used in the Federal Select Agent Program approval letter for the restricted experiment that produced the agent. <input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION C – LIST OF SELECT AGENTS AND TOXINS REQUESTED (attach additional sheets if necessary)				
26. Select agents and/or toxins to be transferred:				
A				
B				
C				
D				
E				

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

Signature of Responsible Official: _____ Title: _____
Typed or printed name of Responsible Official: _____ Date: _____

Note: Submit completed form only once by either e-mail, fax, or postal mail.

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APHIS/CDC AUTHORIZATION NUMBER: _____ EXPIRATION DATE: _____

SECTION 2 – TO BE COMPLETED BY SENDER					
SECTION D – LIST OF SELECT AGENTS AND TOXINS SHIPPED (attach additional sheets if necessary)					
	27. Select agents and/or toxins:	28. Characterization of agent:	29. Number of items (e.g., vial, slant, plant, etc.):	30. Form (powder/liquid/slant):	31. Total volume or weight of item contents (e.g., mL, mg, ng):
A					
B					
C					
D					
E					
SECTION E – RECIPIENT NOTIFICATION INFORMATION					
32. Name of individual at recipient entity notified of expected shipment:		33. Date of notification:		34. Type of notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone	
SECTION F – SHIPPING INFORMATION					
35. Name of individual who packaged shipment:		36. Number of packages shipped:		37. Shipment date:	
38. Package description (size, shape, description of packaging including number and type of inner packages):					
39. Name of carrier (If hand-delivered, please provide name of individual):			40. Airway bill number/bill of lading number/tracking number:		

I hereby certify that the select agents and/or toxins were packaged, labeled, and shipped in accordance with all federal and international regulations and information contained in Section 2 of this form is true and correct to the best of my knowledge.

Signature of Sender: _____ Title: _____

Typed or printed name of Sender: _____ Date: _____

SECTION 3 – TO BE COMPLETED BY RECIPIENT (Within 24 hours of a completed transfer as defined by COMAR 10.10.11)	
41. Name of individual who received shipment:	42. <input type="checkbox"/> Transfer did not occur <input type="checkbox"/> Transfer occurred/date of receipt:
43. The agents/toxins listed in Section 2 were received: <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain discrepancy in separate attachment.	44. Shipment was packaged, labeled, and shipped in accordance with regulations: <input type="checkbox"/> Yes <input type="checkbox"/> If no, explain discrepancy in separate attachment.

I hereby certify that the information contained in Section 3 on this form is true and correct to the best of my knowledge.

Signature of Responsible Official: _____ Title: _____

Typed or printed name of Responsible Official: _____ Date: _____

Note: Submit completed form only once by either e-mail, fax, or postal mail.