

**POTENTIAL THEFT, LOSS, RELEASE, OR OCCUPATIONAL EXPOSURE INCIDENT REPORT
(MDH Form 3)**

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 it 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 10 days after the incident has occurred.

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_dhmmh@maryland.gov

SECTION 1 – TO BE COMPLETED BY ALL ENTITIES			
1. Date of Incident:		2. Date of Immediate Notification:	
3. Type of Immediate Notification: <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Telephone			
4. Name of Entity (entities registered with CDC or APHIS) or Name of Hospital or Laboratory (non-registered entities):		5. Entity Registration Number (For select agent registered entities only):	
6. Physical Address:		7. City:	8. State:
9. Zip Code:			
10. Responsible Official (registered) or Name of Laboratory Supervisor (non-registered):			
11. Telephone #:		12. Fax #:	
13. E-mail address:			
14a: Type of Incident: <input type="checkbox"/> Theft <input type="checkbox"/> Loss <input type="checkbox"/> Release <input type="checkbox"/> Unintended Animal Infection <input type="checkbox"/> Unintended Plant Agent Release <input type="checkbox"/> Other		15. Did the release result in a potential exposure? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A (If Yes, explain in Blocks 28 or 30) Did the release result in a laboratory-acquired infection? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A (If Yes, explain in Blocks 28 or 30) If yes, has medical surveillance been initiated? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A (If Yes, explain in Blocks 28 or 30)	
14b: Transfer: <input type="checkbox"/> Transfer incident (complete Sections 1 and 2 and Appendix B)			
16. Time incident occurred:		17. Location of incident (building and room #):	
18. Location of incident within room (e.g., freezer, incubator, centrifuge):			
19. Biosafety level: <input type="checkbox"/> BSL2 <input type="checkbox"/> BSL3 <input type="checkbox"/> BSL4 <input type="checkbox"/> ABSL2 <input type="checkbox"/> ABSL3 <input type="checkbox"/> ABSL4 <input type="checkbox"/> PPQ Agent <input type="checkbox"/> BSL3Ag		20. Date of last inventory (for reporting loss only):	
21. Name of Principal Investigator:			
SECTION 2 – TO BE COMPLETED BY ALL ENTITIES			
22. Name of Select Agent or Toxin		23. Characterization of Agent (e. g., strain, ATCC #)	24. Quantity / Amount
A			
B			
C			

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

25. Provide a detailed summary of events including a timeline of what occurred. Whenever possible, conduct a risk assessment of the event and determine if the root cause can be identified. State specifically what personal protective equipment was worn and what, if any, medical surveillance was provided or planned. If incident involves a non-human primate, please state species. For discovery of select agents and toxins in unregistered locations, include your entity's plan of action to assure no future discoveries, how discovered agents were found and disposition of the discovered agents, inventory reconciliation and assurance that the discovered material was safeguarded against unauthorized access, theft, loss, or release.

Block 25. Continued: (Use Appendix A for continuation, if necessary)

SECTION 3 – TO BE COMPLETED BY ALL ENTITIES ONLY FOR RELEASE OF SELECT AGENTS AND TOXINS OR OCCUPATIONAL EXPOSURE

26. An internal review of laboratory procedures and policies has been initiated to lessen the likelihood of recurrences of theft, loss or release of select agents and toxins at this entity.

No Yes If yes, please provide additional details.

27. What were the hazards posed to humans by the extent of the release or occupational exposure?

28. What is the estimated extent of the release or exposure in relation to the proximity of susceptible humans, animals, and plants?

29. Provide a brief summary of how the laboratory and work surfaces were decontaminated after the release.

30. In select agents and toxins posing a risk to humans, please state how many laboratorians were potentially exposed and provide a brief summary of the medical surveillance provided (do not provide names or confidential information).

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 Respondent: _____

Title: _____

Typed or printed name of Respondent: _____

Date: _____

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APPENDIX A
ADDITIONAL SHEET FOR CONTINUATION OF INFORMATION

Continue Form 3 comments here. State which block from the Form 3 the continuation is from.
(Example: The following statement is a continuation of block 25:)

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APPENDIX A
ADDITIONAL SHEET FOR CONTINUATION OF INFORMATION

Blank area for providing additional information.

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

