Maryland Department of Health and Mental Hygiene 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, the biological agent	heft, or loss of a
 Federal law enforcement investigation involving release biological agent 	e, theft, or loss of a
 Centers for Disease Control and Prevention investigation or loss of a biological agent 	on involving release, theft,
☐ State or federal agency having investigatory authority	
☐ The Department's use in the planning for the public's prepotential public health threat, either naturally occurring or in the investigation of non-compliance with State region 10.10.11)	or by biological terrorism;
Date Information Released:	
Processed By:	Date:
Reviewed By:	