

NOTIFICATION OF POSSESSION OF SELECT BIOLOGICAL AGENTS/TOXINS OR HIGH CONSEQUENCE LIVESTOCK PATHOGENS AND TOXINS

1. Principal Investigator:				
2. Department:				
3. Building/Room Number:				
4. Phone:			5. email:	
6. FAX:				
7. Check X for each agent or toxin used or possessed by lab	Viable?	Recombinant organism, nucleic acid or genetic element from agent	Altered USDA or FDA approved vaccine strains	Registered with HHS Select Agent program
SELECT BIOLOGICAL AGENTS (HHS)				
<input type="checkbox"/> CRIMEAN-CONGO HAEMORRHAGIC FEVER VIRUS				
<input type="checkbox"/> EBOLA VIRUSES				
<input type="checkbox"/> LASSA FEVER VIRUS				
<input type="checkbox"/> MARBURG VIRUS				
<input type="checkbox"/> <i>RICKETTSIA PROWAZEKII</i>				
<input type="checkbox"/> <i>RICKETTSIA RICKETTSII</i>				
<input type="checkbox"/> SOUTH AMERICAN HAEMORRHAGIC FEVER VIRUSES				
<input type="checkbox"/> TICK-BORNE ENCEPHALITIS COMPLEX VIRUSES				
<input type="checkbox"/> VARIOLA MAJOR VIRUS (SMALLPOX VIRUS)				
<input type="checkbox"/> VIRUSES CAUSING HANTAVIRUS PULMONARY SYNDROME				
<input type="checkbox"/> YELLOW FEVER VIRUS				
<input type="checkbox"/> <i>YERSINIA PESTIS</i>				
SELECT BIOLOGICAL TOXINS – NONVIABLE (HHS)				
<input type="checkbox"/> ABRIN				
<input type="checkbox"/> CONOTOXINS				
<input type="checkbox"/> DIACETOXYSCIRPENOL				
<input type="checkbox"/> RICIN				
<input type="checkbox"/> SAXITOXIN				
<input type="checkbox"/> TETRODOTOXIN				
USDA-HHS OVERLAP BIOLOGICAL AGENTS				
<input type="checkbox"/> <i>BACILLUS ANTHRACIS</i>				
<input type="checkbox"/> <i>BRUCELLA ABORTUS</i>				

<input type="checkbox"/> <i>BRUCELLA MELITENSIS</i>				
<input type="checkbox"/> <i>BRUCELLA SUIS</i>				
<input type="checkbox"/> <i>BURKHOLDERIA (PSUEDOMONAS) MALLEI</i>				
<input type="checkbox"/> <i>BURKHOLDERIA (PSUEDOMONAS) PSUEDOMALLEI</i>				
<input type="checkbox"/> <i>CLOSTRIDIUM BOTULINUM</i>				
<input type="checkbox"/> <i>COCCIDIOIDES IMMITIS</i>				
<input type="checkbox"/> <i>COXIELLA BURNETII</i>				
<input type="checkbox"/> EASTERN EQUINE ENCEPHALITIS VIRUS				
<input type="checkbox"/> EQUINE MORBILLIVIRUS (HENDRA VIRUS)				
<input type="checkbox"/> <i>FRANCISELLA TULARENSIS</i>				
<input type="checkbox"/> RIFT VALLEY REVER VIRUS				
<input type="checkbox"/> VENEZUELAN EQUINE ENCEPHALITIS VIRUS				
USDA-HHS OVERLAP TOXINS - NONVIABLE				
<input type="checkbox"/> AFLATOXINS				
<input type="checkbox"/> BOTULINUM TOXINS				
<input type="checkbox"/> <i>CLOSTRIDIUM PERFRINGENS</i> EPSILON TOXIN				
<input type="checkbox"/> SHIGATOXIN				
<input type="checkbox"/> STAPHYLOCOCCAL ENTEROTOXIN				
<input type="checkbox"/> T-2 TOXIN				
USDA High Consequence Livestock Pathogens and Toxins				
<input type="checkbox"/> AFRICAN HORSE SICKNESS VIRUS				
<input type="checkbox"/> AFRICAN SWINE FEVER VIRUS				
<input type="checkbox"/> AKABANE VIRUS				
<input type="checkbox"/> AVIAN INFLUENZA (HIGHLY PATHOGENIC)				
<input type="checkbox"/> BLUE TONGUE VIRUS (EXOTIC)				
<input type="checkbox"/> BOVINE SPONGIFORM ENCEPHALPATHY AGENT				
<input type="checkbox"/> CAMEL POX VIRUS				
<input type="checkbox"/> CLASSICAL SWINE FEVER VIRUS				

<input type="checkbox"/> COWDRIA RUMINANTIUM (HEARTWATER)				
<input type="checkbox"/> FOOT AND MOUTH DISEASE VIRUS				
<input type="checkbox"/> GOAT POX VIRUS				
<input type="checkbox"/> JAPANESE ENCEPHALITIS VIRUS				
<input type="checkbox"/> LUMPY SKIN DISEASE VIRUS				
<input type="checkbox"/> MALIGNANT CATARRHAL FEVER VIRUS				
<input type="checkbox"/> MENANGLE VIRUS				
<input type="checkbox"/> <i>MYCOPLASMA CAPRICOLUM/M.F38/M. MYCOIDES CAPRI</i> (CONTAGIOUS CAPRINE PLEUROPNEUMONIA AGENT)				
<input type="checkbox"/> <i>MYCOPLASMA MYCOIDES MYCOIDES</i> (CONTAGIOUS BOVINE PLEUROPNEUMONIA AGENT)				
<input type="checkbox"/> NEWCASTLE DISEASE VIRUS (EXOTIC)				
<input type="checkbox"/> NIPAH VIRUS				
<input type="checkbox"/> PESTE DES PETITS RUMINANTS VIRUS				
<input type="checkbox"/> RINDERPEST VIRUS				
<input type="checkbox"/> SHEEP POX VIRUS				
<input type="checkbox"/> SWINE VESICULAR DISEASE VIRUS				
<input type="checkbox"/> VESICULAR STOMATITIS VIRUS				

8. Type of work performed in laboratory: <input type="checkbox"/> Diagnostic work <input type="checkbox"/> Vaccine development <input type="checkbox"/> Research <input type="checkbox"/> Use in animals <input type="checkbox"/> Large-scale production <input type="checkbox"/> Teaching <input type="checkbox"/> Storage only (no current work) <input type="checkbox"/> Other (specify):	
9. List all USDA Veterinary Permit Numbers for Importation and Transportation of Controlled Materials and Organisms and Vectors numbers (if applicable):	
I hereby certify that I am the designated Responsible Party or Principal Investigator for the laboratory listed above, 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 a fine up to \$500,000 or imprisonment of up to five years, or both for each violation (18 USC1001; 18 USC 3559.3571).	
10. Signature of Principal Investigator:	
11. Print Name:	12. Date:
DECLARATION OF NON-POSSESSION: THIS LABORATORY DOES NOT POSSESS AN AGENT ON THIS LIST.	
I hereby certify that I am the designated Responsible Party or Principal Investigator for the laboratory listed above, 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 a fine up to \$500,000 or imprisonment of up to five years, or both for each violation (18 USC1001; 18 USC 3559.3571)	
13. Signature of Principal Investigator:	
14. Print Name:	15. Date: