

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****Preliminary Guidance for Notification of Possession of Select Agents**

**AGENCY:** Centers for Disease Control and Prevention, Department of Health and Human Services.

**ACTION:** General notice.

**SUMMARY:** The purpose of this Notice is to announce preliminary guidance for notification of possession of select agents as mandated in Section 202(a) of Public Law 107-188 "Public Health Security and Bioterrorism Preparedness and Response Act of 2002."

**FOR FURTHER INFORMATION CONTACT:** John R. Moore, Centers for Disease Control and Prevention, Office of Program Planning and Evaluation, 1600 Clifton Road NE, Mailstop D-23, Atlanta, Georgia 30333. Telephone: (404) 639-7070.

**SUPPLEMENTARY INFORMATION:** On June 12, 2002, President George W. Bush signed Public Law 107-188 "Public Health Security and Bioterrorism Preparedness and Response Act of

2002." Section 202(a) of the Act directs the Secretary of the Department of Health and Human Services, within 30 days of enactment, to provide written guidance on how persons in possession of biological agents or toxins shall notify the Secretary of such possession. To meet this requirement, the Centers for Disease Control and Prevention (CDC) has submitted a proposed data collection instrument (see draft form below) and guidance document to the Office for Management and Budget (OMB) for approval under the Paperwork Reduction Act. CDC published a notice in the **Federal Register** on July 2, 2002 inviting public comments on the proposed data collection. Public comments are due by July 16, 2002. Within two weeks of this date, and upon receipt of OMB approval, CDC will publish another notice in the **Federal Register** announcing approval and publication of the data collection instrument. The data collection instrument will contain the list of select agents currently contained in 42 CFR part 72, appendix A.

Each facility should designate a responsible facility official (RFO) to complete this form by September 10, 2002. It is the responsibility of the RFO

to ensure management oversight of this notification requirement. The RFO should be either a safety officer, a senior management official of the facility, or both, who has been authorized by the facility to complete and submit the notification form. The RFO should not be an individual who actually possesses, uses, or transfers such agents or toxins. To complete the notification form, the RFO will need to inventory its facility and consult with others (*e.g.*, principal investigators) as necessary to obtain the information required for the notification form. The RFO must review and sign the notification form and will be the point of contact if CDC has questions concerning the form or other matters related to the Act. Many facilities will receive the form via direct mailing, and the form will also be published in the **Federal Register**.

Further guidance, the approved data collection instrument, and location of submission will be announced at a later date.

Dated: July 10, 2002.

**Nancy E. Cheal,**

*Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.*

**BILLING CODE 4163-18-P**

**DRAFT**

FORM APPROVED  
OMB NO. 0920-XXXX  
EXP DATE XX/XX/XXXX

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR INFECTIOUS DISEASES  
LABORATORY REGISTRATION/SELECT AGENT TRANSFER PROGRAM  
ATLANTA, GA 30333

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES  
NATIONAL CENTER FOR IMPORT-EXPORT, PRODUCTS PROGRAM  
RIVERDALE, MD 20737

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

NAME OF FACILITY		NAME OF RESPONSIBLE FACILITY OFFICIAL (RFO) AND ADDRESS, IF DIFFERENT FROM FACILITY			
ADDRESS OF FACILITY		TITLE OF RFO			
		RFO TELEPHONE NUMBER			
		RFO FAX NUMBER			
CHECK ("X") FOR EACH AGENT(S) OR TOXIN(S) USED OR POSSESSED BY YOUR FACILITY (CHECK ONE OR MORE CATEGORIES AS APPROPRIATE)	VIABLE	NUCLEIC ACID OR GENETIC ELEMENTS FROM AGENT	VACCINE APPROVED BY USDA OR FDA (modified)	REGISTERED WITH HHS SELECT AGENT PROGRAM	
<b>HHS SELECT AGENTS</b>					
<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"/> RICKETTSIA PROWAZEKII					
<input type="checkbox"/> RICKETTSIA RICKETTSII					
<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"/> YERSINIA PESTIS					
<input type="checkbox"/> ABRIN					
<input type="checkbox"/> CONOTIXINS					
<input type="checkbox"/> DIACETOXYSCIRPENOL					
<input type="checkbox"/> RICIN					
<input type="checkbox"/> SAXITOXIN					
<input type="checkbox"/> TETRODOTOXIN					
<b>USDA-HHS OVERLAP AGENTS</b>					
<input type="checkbox"/> BACILLUS ANTHRACIS					
<input type="checkbox"/> BRUCELLA ABORTUS					
<input type="checkbox"/> BRUCELLA MELITENSIS					
<input type="checkbox"/> BRUCELLA SUIIS					
<input type="checkbox"/> BURKHOLDERIA (PSEUDOMONAS) MALLEI					
<input type="checkbox"/> BURKHOLDERIA (PSEUDOMONAS) PSEUDOMALLEI					
<input type="checkbox"/> CLOSTRIDIUM BOTULINUM					
<input type="checkbox"/> COCCIDIOIDES IMMITIS					
<input type="checkbox"/> COXIELLA BURNETTII					
<input type="checkbox"/> EASTERN EQUINE ENCEPHALITIS VIRUS					
<input type="checkbox"/> EQUINE MORBILLIVIRUS (HENDRA VIRUS)/NIPAH VIRUS					
<input type="checkbox"/> FRANCISELLA TULARENSIS					
<input type="checkbox"/> RIFT VALLEY FEVER VIRUS					
<input type="checkbox"/> VENEZUELAN EQUINE ENCEPHALITIS VIRUS					
<input type="checkbox"/> AFLATOXINS					
<input type="checkbox"/> BOTULINUM TOXINS					
<input type="checkbox"/> CLOSTRIDIUM PERFRINGENS EPSILON TOXIN					
<input type="checkbox"/> SHIGATOXIN					
<input type="checkbox"/> STAPHYLOCOCCAL ENTEROTOXIN					
<input type="checkbox"/> T-2 TOXIN					

# DRAFT

CHECK ("X") FOR EACH AGENT(S) OR TOXIN(S) USED OR POSSESSED BY YOUR FACILITY (CHECK ONE OR MORE CATEGORIES AS APPROPRIATE)	VIABLE	NUCLEIC ACID OR GENETIC ELEMENTS FROM AGENT	VACCINE APPROVED BY USDA OR FDA (modified)	REGISTERED WITH HHS SELECT AGENT PROGRAM
<b>USDA HIGH CONSEQUENCE OF LIVESTOCK PATHOGENS AND TOXINS</b>				
<input type="checkbox"/> AFRICAN HORSE SICKNESS VIRUS				
<input type="checkbox"/> AFRICAN SWINE FEVER				
<input type="checkbox"/> AKABANE VIRUS				
<input type="checkbox"/> AVIAN INFLUENZA VIRUS (HIGHLY PATHOGENIC)				
<input type="checkbox"/> BLUE TONGUE VIRUS (EXOTIC)				
<input type="checkbox"/> BOVINE SPONGIFORM ENCEPALOPATHY AGENT				
<input type="checkbox"/> CAMEL POX VIRUS				
<input type="checkbox"/> CLASSICAL SWINE FEVER				
<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				
<input type="checkbox"/> MENANGLE VIRUS				
<input type="checkbox"/> MYCOPLASMA CAPRICOLUM/M.F 38/M.M YCOIDES CAPRI (CONTAGIOUS CAPRINE PLEUROPNEUMONIA AGENT)				
<input type="checkbox"/> MYCOPLASMA MYCOIDES MYCOIDES (CONTAGIOUS BOVINE PLEUROPNEUMONIA AGENT)				
<input type="checkbox"/> NEWCASTLE DISEASE VIRUS (EXOTIC)				
<input type="checkbox"/> PESTE DES PETITS RUMINANTS				
<input type="checkbox"/> RINDERPEST VIRUS				
<input type="checkbox"/> SHEEP POX				
<input type="checkbox"/> SWINE VESICULAR DISEASE VIRUS				
<input type="checkbox"/> VESICULAR STOMATITIS VIRUS				
TYPE OF FACILITY: <input type="checkbox"/> ACADEMIC <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER (PLEASE EXPLAIN)				
TYPE OF WORK TO BE PERFORMED AT FACILITY (PROPOSED USE OF MATERIAL AND DERIVATIVES; DIAGNOSTICS, VACCINE DEVELOPMENT, ETC., IF FOR USE IN ANIMALS, SPECIFY SPECIES)				
FOR ANY LISTED AGENTS OR TOXINS POSSESSED BY YOUR FACILITY, LIST U.S. VETERINARY PERMIT FOR IMPORTATION AND TRANSPORTATIONS OF CONTROLLED MATERIALS AND ORGANISMS AND VECTORS NUMBERS (VS Form 16-6A) (if applicable)				
CDC SELECT AGENT TRANSFER PROGRAM REGISTRATION NUMBER AND EXPIRATION DATE (if applicable)				
<small>I hereby certify that I have been designated as the Responsible Facility Official for the institution/organization listed above, that I am authorized to bind the institution/organization, 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 or up to five years, or both for each violation (18 U.S.C §1001; 18 U.S.C § 3559.3571)</small>				
SIGNATURE OF RESPONSIBLE FACILITY OFFICIAL				
TYPED NAME AND TITLE				DATE
<input type="checkbox"/> <b>DECLARATION OF NON-POSSESSION: THIS FACILITY DOES NOT POSSESS AN AGENT ON THIS LIST.</b>				
<small>I hereby certify that I have been designated as the Responsible Facility Official for the institution/organization listed above, that I am authorized to bind the institution/organization, 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 or up to five years, or both for each violation (18 U.S.C §1001; 18 U.S.C § 3559.3571)</small>				
SIGNATURE OF RESPONSIBLE FACILITY OFFICIAL				
TYPED NAME AND TITLE				DATE
<small>Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (9920-xxxx).</small>				

**RETURN THIS FORM TO:**  
[LOCATION TO BE DETERMINED]

CDC FORM XXXX  
DATE