

**DIVISION OF RESEARCH**

State University of New York at Binghamton

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

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All recipients of this form must complete boxes #1-6.

Identify the agents found on the website on line 7 and list each agent or toxin used or possessed by your laboratory.

For each agent identified, check the appropriate descriptive category or categories, if known.

Provide the information in boxes #8-12. Check all boxes that apply.

If your laboratory does not possess any agents listed on the website, provide only the information requested in boxes #13-15.

Do not report quantities of agents or toxins.

**DEFINITIONS OF CATEGORIES:**

**Viable:** Capable of replication on its own, in cell culture, or in an appropriate host.

Recombinant organism, Nucleic acid, or Genetic elements from agent include any of the following:

- Nonviable agents
- Full-length nucleic acid from any of the viruses on the list. For Variola major virus (Smallpox), any segment that exceeds 100 nucleotides in length.
- Natural or synthetic nucleic acids from bacteria, fungi, or viruses on the list that encode for either a functional toxin or virulence factor sufficient to cause disease, or natural or synthetic nucleic acid that encodes for a functional toxin of any of the toxins listed; if: (1) expressed in vivo; (2) in an expression vector or host chromosome; or (3) in a carrier plasmid.

**Altered USDA or FDA approved vaccine strains:** Vaccine strains that have been modified from their original licensed, approved or registered forms.

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

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1. Principal Investigator: \_\_\_\_\_

2. Department: \_\_\_\_\_

3. Laboratory Room Number(s): \_\_\_\_\_

4. Building: \_\_\_\_\_

5. Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

6. E-mail: \_\_\_\_\_

7. HHS Select Agents -- Identify select agents and toxins from the referenced website:

<http://www.selectagents.gov/SelectAgentsandToxins.html>

Then indicate for each:

1) Viability

2) Recombinant Organism, Nucleic Acid or Genetic Element from Agent

3) Altered USDA or FDA Approved Vaccine Strains

4) Registered with HHS Select Agent Program

8. Type of Work Performed by Laboratory: \_\_\_\_\_

<input type="checkbox"/> Diagnostic Work	<input type="checkbox"/> Large Scale Production
<input type="checkbox"/> Vaccine Development	<input type="checkbox"/> Teaching
<input type="checkbox"/> Research	<input type="checkbox"/> Storage Only (No current work)
<input type="checkbox"/> Use in animals	<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 USC 1001; 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 USC 1001; 18 USC 3559.3571)

13. Signature of Principal Investigator: \_\_\_\_\_

14. Print Name: \_\_\_\_\_

15. Date: \_\_\_\_\_

Return this form to:

John K. Donovan  
Biosafety Officer  
Dept. of Environmental Health and Safety, LHSW-110  
Binghamton University, P.O. Box 6000  
Binghamton, NY 13902-6000  
(607) 777-6834

**OR**

David G. Davies  
Biosafety Committee Chair  
Department of Biological Sciences  
Biotechnology Building, Room 2402  
Binghamton University, P.O. Box 6000  
Binghamton, NY 13902-6000  
(607) 777-2006