**Application for Extension**

**Release Date: July 2019**

**Introduction**

The *National Health Security Act 2007* (NHS Act*)* mandates that entities handling SSBAs report to the Department of Health (Health).

An entity must only retain and handle an SSBA for which it is not registered for the following prescribed handling periods:

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| --- | --- |
| Entities handling a known[[1]](#footnote-1) SSBA under the Temporary Handing provisions | 7 working days |
| Entities handling a previously suspected SSBA that has been confirmed as an SSBA by in-house or external testing | 2 working days |

Entities may be required to retain SSBAs for longer than the prescribed handling period, for example, under the National Pathology Accreditation Advisory Council (NPAAC) guideline on *Requirements for the Retention of Laboratory Records and Diagnostic Material*. If there is a requirement to retain the SSBA for longer than the prescribed handling period, you must request an extension to continue handling the SSBA. If this request is granted you must then dispose[[2]](#footnote-2) of the SSBA following the extended handling period and report the disposal to Health within two business days of the disposal occurring, or register to handle the SSBA.

**Please do NOT complete this form** if you waiting for confirmatory testing results for a suspected SSBA. You must notify Health of the transfer of the Suspected SSBA for, and the outcomes of, confirmatory testing using the appropriate *Report for Suspected SSBAs and Confirmatory Testing Results.*

You must complete a separate form each time you wish to request an extension to the prescribed handling period.

**Providing information to Health**

The information you provide to Health is mandated by the *National Health Security Act 2007* and will be included on the National Register of Security Sensitive Biological Agents.

It is important to answer all questions and to provide accurate information. If the information you provide is incorrect or incomplete, Health may require you to provide additional information. This may cause delays.

**Privacy**

Personal information supplied to Health is handled according to the requirements of the *Privacy Act 1988*.

**Application Authorisation**

Please ensure that the person completing this form holds the appropriate authority to submit this application on the behalf of the entity or facility.

**Instructions on completing this form**

This document allows electronic entry of information into the required fields. It is recommended that, where possible, this form should be completed on a computer and a copy printed, signed and sent to Health.

All questions are mandatory unless otherwise stated and must be completed. If the space provided in each field is not sufficient to complete your answer, please include any additional information in an attachment with the information clearly marked as to which question it relates to.

Please ensure you retain a copy of this completed form as Health is unable to provide copies of submitted documents.

**Lodgement**

To lodge this form via post you will need to use an opaque envelope and post using Australia Post’s Registered Mail service. You are considered to have submitted the report at the date and time shown on the registered post receipt.

**Please do not email or fax forms to Health as these cannot be accepted.**

Please submit all postal applications to:

The Director

Health Emergency Planning, Security and Laboratories Section

Department of Health

MDP 140, GPO Box 9848

Canberra ACT 2601

Once Health has received the form, you will be provided with a confirmation of receipt via email to the Responsible Officer or Contact Officer.

**Further Information**

Please use your facility registration number to refer to any matters relating to your facility.

If you have any queries about this form please contact the SSBA Regulatory Scheme:

Telephone: (02) 6289 7477

Email: ssba@health.gov.au

# PART 1: REGISTRATION OR REFERENCE NUMBER

|  |  |
| --- | --- |
| Facility registration or reference number  |       |
| Entity name |       |
| Facility name |       |

# If you do not have a Facility Registration or Reference number, please contact the SSBA Regulatory Scheme.

# PART 2: SSBA DETAILS

*Please provide the details of the SSBA.*

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| --- |
| **SSBA Details** |
| SSBA  |       |
| Sample identification number |       |
| Specific strain, serotype or toxin subunit *(if applicable)* |       |
| What date did you receive the SSBA? |       |

# PART 3: APPLICATION TO RETAIN THE SSBA FOR LONGER THAN THE PRESCRIBED PERIOD

*Please provide details regarding the requirements for retaining the SSBA for longer than the prescribed handling period.*

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| **Application to Retain the SSBA or Suspected SSBA** |
| Why do you need to retain the SSBA for longer than the prescribed period? |       |
| What date do you intend to dispose[[3]](#footnote-3) of the SSBA? |       |
| What do you intend to do with the SSBA after this period?*Please note that if an extension is granted you must report what actions are taken after the extension period. This report must be submitted to Health within two business days* ***after*** *the action has occurred.* |       |
| Comments *(if applicable)* |       |

# PART 4: SIGNATURES

The information collected on this form may be used by the Department of Health to decide whether to vary the National Register of Security Sensitive Biological Agents (National Register). If a decision is made to vary the National Register, the information contained on this form, including personal information, will be recorded on the National Register by the Department.

The information collected on this form is authorised under the *National Health Security Act* *2007* and *National Health Security Regulations 2018*. Information collected on this form may be disclosed by Health to the Australian Security Intelligence Organisation, law enforcement agencies such as the Australian Federal Police and State and Territory police forces, other agencies responsible for responding to emergencies and other specified persons. The Department is unlikely to disclose personal information to overseas recipients.

The Department has an Australian Privacy Principles (APP) privacy policy which you can read at www.health.gov.au/internet/main/publishing.nsf/content/privacy-policy. You can obtain a copy of the APP privacy policy by contacting the Department by telephone on (02) 6289 1555, freecall 1800 020 103 or by using the online enquiries form at www.health.gov.au.

The National Register is hosted and maintained by the Department of Home Affairs.

I declare that:

* I am duly authorised to sign this declaration on behalf of the entity associated with this facility;
* The information supplied on this form and any attachment is true and correct; and
* This entity is compliant with the SSBA Standards currently in force.

|  |  |
| --- | --- |
| Signature |  |
| Date |       |
| Full name (Please print) |       |
| Position title |       |
| Contact telephone number |       |
| Contact e-mail address |       |

1. A known SSBA is one that has been confirmed as an SSBA **prior** to being transferred to the reporting facility. [↑](#footnote-ref-1)
2. Disposal is the complete transfer or destruction of the SSBA. [↑](#footnote-ref-2)
3. Dispose means the complete transfer or destruction of all holdings of SSBA. [↑](#footnote-ref-3)