**Transfer In**

**Release Date: July 2019**

**Introduction**

Facilities must report transfers of security sensitive biological agents (SSBAs) as soon as possible and within two business days of the transfer occurring.

**Providing information to Health**

The information you provide to Health is mandated by the *National Health Security Act 2007*

*(NHS Act)* and will be included on the National Register of SSBAs.

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.

**Providing information to Law Enforcement Agencies**

The NHS Act mandates that unsuccessful transfers must also be reported to law enforcement. Unsuccessful transfer includes the incomplete arrival of a shipment as stated in the shipment documents and/or evidence of tampering to the shipping container.

**Privacy**

Personal information provided to Health will comply with 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 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 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 by email to the contact officer listed for the facility.

**Further Information**

Please use your facility reference 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](mailto:ssba@health.gov.au)

# PART 1: FACILITY DETAILS

*Please complete the details for the entity and facility.*

|  |  |
| --- | --- |
| Facility registration number |  |
| Entity name |  |
| Facility name |  |

# PART 2: TRANSFER IN

*Please complete this section if you have received an SSBA.*

|  |  |
| --- | --- |
| **Sending Facility Details** | |
| Sending facility name |  |
| Sending facility telephone number |  |
| **Sending Facility Physical Address** | |
| Address 1 |  |
| Address 2 |  |
| Suburb/City |  |
| State |  |
| Postcode |  |
| **Transfer In Details** | |
| SSBA that you have received |  |
| Specific strain, serotype or toxin subunit *(if applicable)* |  |
| Date of transfer from sending facility |  |
| Arrival date of SSBA |  |
| Have you notified the sending facility that the SSBA arrived? | Yes  move to next question  No  please notify the sending facility as per the SSBA Standards |
| Was the transfer successful according to the SSBA Standards? | Yes  move to next question  No  complete Part 6 - Unsuccessful Transfer and continue with the following questions |
| What do you intend to do with the SSBA? | Handle SSBA  Please complete Part 3  Destroy SSBA  Please complete Part 4  Transfer SSBA  Please complete Part 5 |

# PART 3: HANDLE SSBA

*Please complete this section if you intend to handle the SSBA.*

|  |  |
| --- | --- |
| **Handle SSBA** | |
| Are you registered to handle this SSBA? | Yes  move to next question  No  you must complete the *Start to Handle a New SSBA form* |
| Are you recommencing handling this SSBA after a period of not handling? | Yes  move to next question  No  move to next question |
| Is the handling purpose the same as the registered purpose? | Yes  No  you must complete the *Change of Purpose for handling an SSBA form* |

# PART 4: DESTRUCTION OF TRANSFERRED SSBA

*Please complete this section if you intend to destroy this sample of the SSBA. If you intend to dispose of your entire holdings of this SSBA, please complete the* Destruction *form.*

|  |  |
| --- | --- |
| **Destruction** | |
| Date of destruction |  |
| Method of destruction |  |

# PART 5: TRANSFER OF SSBA

*Please complete this section if you intend to transfer this SSBA.*

|  |  |
| --- | --- |
| **Transfers** | |
| Have you transferred this SSBA? | Yes  You will need to complete the *Transfer Out* form.  No  You must complete Section 3 or 4 |

# PART 6: UNSUCCESSFUL TRANSFER

*Please complete this section if the transfer was unsuccessful.*

|  |  |
| --- | --- |
| **Unsuccessful Transfer** | |
| Please provide a brief description of what happened |  |
| Have you updated your security risk management plan in accordance with the SSBA Standards? | Yes  move to next question  No  you must update your security risk management plan |
| Have you notified the sending facility that the transfer was unsuccessful? | Yes  No  you must notify the sending facility as per the SSBA Standards |
| Comments |  |

# PART 7: SIGNATURES

The information collected on this form may be used by 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 Health.

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. Health is unlikely to disclose personal information to overseas recipients.

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