



Transfers Between Facilities of the Same Entity

Release Date: July 2019

Please complete this form

If you are a facility **REGISTERED** to handle security sensitive biological agents (SSBAs) and you are transferring SSBAs to another facility within the **same** Entity.

Please note: Do NOT use this form if you are a registered facility and you are transferring SSBAs to another facility that is **NOT** within the **same** Entity. Please complete a **Transfer In** or **Transfer Out** form as soon as possible and within two business days.

Introduction

Facilities must report the transfer of 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 with the shipping container.

Privacy

Personal information provided 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 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 fields are mandatory unless otherwise stated.

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

PART 1: TRANSFER OUT

Section 1 – Sending Facility Details	
Facility registration number	
Entity name	
Facility name	
Sending Facility Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	

Section 2 – Transfer Out Details	
SSBA that you have sent	Select SSBA
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
Date of transfer to receiving facility	
Have you transferred your entire holding ¹ of this SSBA from this facility?	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> move to Part 2
Would you like to retain the facility's registration for this SSBAs?	Yes ² <input type="checkbox"/> please complete next question and move to Part 2 No ³ <input type="checkbox"/> please complete Section 3
If yes, why?	

Section 3 – De-Registration	
Has this facility disposed of its entire holdings ⁴ of all SSBAs?	Yes <input type="checkbox"/> please complete the remaining question No <input type="checkbox"/> you are required to stay registered
Would you like this facility to remain registered to handle SSBAs?	Yes <input type="checkbox"/> you must continue to report Administrative Reportable Events ⁵ No <input type="checkbox"/> please be aware that if you receive SSBA in the future you will need to complete a new <i>Initial Registration</i> application form

¹ If the SSBA is a toxin has the remaining quantity fallen below the reportable quantity?

² You must continue to report Administrative Reportable Events (including changes to Responsible Officer, entity and facility details) and must inform Health via a *Transfer In* form when you receive this SSBA in future.

³ This de-registration will not affect any other facilities registered by the entity or any SSBAs handled in those facilities, even if they are the same as those in the de-registered facility.

⁴ If the SSBA is a toxin the remaining quantity falls below the reportable quantity.

⁵ You must continue to report Administrative Reportable Events ((including changes to Responsible Officer, entity and facility details) and must inform Health via a *Transfer In* form when you receive this SSBA in future.

All fields are mandatory unless otherwise stated.

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PART 2: TRANSFER IN

Section 1 – Receiving Facility Details

Facility registration number	
Entity name	
Facility name	
Receiving Facility Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	

Section 2 – Transfer In Details

SSBA that you have received	Select SSBA
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
Arrival date of SSBA	
Have you notified the sending facility that the SSBA arrived?	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> please notify the sending facility as per the SSBA Standards
Was the transfer successful according to the SSBA Standards?	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> complete Section 7 - Unsuccessful Transfer and continue with the following questions
What do you intend to do with the SSBA?	Handle SSBA <input type="checkbox"/> Please complete Section 3 Destroy SSBA <input type="checkbox"/> Please complete Section 4 Transfer SSBA <input type="checkbox"/> Please complete Section 5

Section 3 – Handle SSBA	
Are you registered to handle this SSBA?	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> you must complete the <i>Start to Handle a New SSBA</i> form
Are you recommencing handling this SSBA after a period of not handling?	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> move to next question
Is the handling purpose the same as the registered purpose?	Yes <input type="checkbox"/> No <input type="checkbox"/> you must complete the <i>Change of Purpose for handling an SSBA</i> form

Section 4 – Destruction of Transferred SSBA	
Date of destruction	
Method of destruction	

Section 5 – Transfer of SSBA	
Have you transferred this SSBA to another facility?	Yes <input type="checkbox"/> You will need to complete the <i>Transfer Out</i> form. No <input type="checkbox"/> You must complete Section 3 or 4

Section 6 – 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 <input type="checkbox"/> move to next question No <input type="checkbox"/> you must update your security risk management plan
Have you notified the sending facility that the transfer was unsuccessful?	Yes <input type="checkbox"/> No <input type="checkbox"/> you must notify the sending facility as per the SSBA standards
Comments	

PART 3: 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. 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.

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	