

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-3236.

<p>1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)</p> <p>Genus/species: <u>Bacillus anthracis</u></p> <p>Toxin: _____</p> <p>Recombinant organisms/molecules: _____</p> <p>Use: Research <input checked="" type="checkbox"/> Diagnostics _____ Production _____ Other _____</p>			
<p>2 Requestor (receiver) Information <u>19970124-377</u></p> <p>Facility Registration Number</p> <p><u>Pamala R. Coker</u> <u>[Signature]</u> <u>225-578-9659/9655</u></p> <p>Requestor Name(print) Signature Phone/FAX</p> <p><u>Richard Hidalgo</u> <u>[Signature]</u> <u>225-578-9918/9916</u></p> <p>Responsible Facility Official Name(print) Signature Phone/FAX</p>			
<p>3 Transferor (sender) Information <u>19980817-633</u></p> <p>Facility Registration Number</p> <p><u>Melissa C Libal</u> <u>[Signature]</u> <u>979 845 3414</u> <u>979 845 1794</u></p> <p>Transferor Name(print) Signature Phone/Fax</p> <p><u>Virginia Brown</u> <u>[Signature]</u> <u>979/862-4038</u> <u>979/845-1348</u></p> <p>Responsible Facility Official Name(print) Signature Phone/Fax</p>			
<p>4 Shipping information</p> <p>Amount per primary receptacle: <u>1</u></p> <p>Number of primary receptacles per outer package: <u>1</u></p> <p>Number of outer packages: _____</p> <p>Date agent shipped: <u>9/27/01</u> Date agent received: <u>9/27/01</u> <u>[Signature]</u></p>			
<p>5 Select Agent Supply Depleted or Destroyed Date <u>1/1</u></p>			

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 5014, M.H. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Centers for Disease Control and Prevention
Laboratory Registration and Select Agent Transfer Program

Facility Name: Louisiana State University

Registration #: 19970724-377

Address: School of Veterinary Medicine
South Stadium Drive

Effective Date: 7/1/01

Baton Rouge, LA 70803

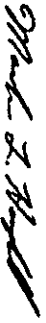
Expiration Date: 12/31/01

Responsible Facility Official: Richard Hidalgo, Ph.D.

Alternate Facility Official: Mr. James P. T. Roberts

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.



Mark L. Hemphill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention

Special Pathogens Laboratory
 School of Veterinary Medicine
 Louisiana State University
 Baton Rouge, LA 70803
 225-578-9659
 225-578-9655 fax

FAX COVER SHEET

Send to: TVMDL	From: Dr. Pamala R. Coker
Attention: Dr. Mclissa Libal	Date: Friday, September 21, 2001
Office location:	Office location:
Fax number: 979-845-1794	Phone number: 225-266-0876

- Urgent
 Reply ASAP
 Please comment
 Please review
 For your information

Total pages, including cover: 3

Comments:

Transmission Report

Date/Time
Local ID
Local Name
Company Logo

9-28-01; 8:05
409 845 1348
Texas A M Univ EHSD

This document was confirmed.
(reduced sample and details below)
Document Size Letter-S

09/28/2001 8:45 9/28/01/94 LPMU PAGE 02
09/27/01 14:26 FAX 225 876 9686 LSU SVS PDS 01
09/21/01 18:08 FAX 225 378 8688 L6D SVS PDS 02

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.1. Additional Requirements for Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM

REGISTRATION Complete blocks 1 and 2, attach copy of requesting facility's registration card (note), and forward to TSP/HRM.
TRANSFEROR Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.
WHERE A SELECT AGENT IS SUPPLIED OR DESTROYED: Requestor (number) must enter date in block 5, and FAX forward to CDC.

* Laboratory Facility (Requesting Agent Transfer Activity) Mailing PMS, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-625-7336

1 Select Agent Description (complete a SEPARATE FORM FOR EACH SELECT AGENT) Organism/species: <u>Bacillus anthracis</u> Toxin: _____ Recombinant organism/molecule: _____ Use: <u>Research</u> <input type="checkbox"/> <u>Diagnosis</u> <input type="checkbox"/> <u>Production</u> <input type="checkbox"/> <u>Other</u> _____	
2 Requestor (receiver) Information <u>16870184-322</u> Facility Registration Number Pamela E. Coker <u>Pamela E. Coker</u> <u>215-378-3659/3655</u> Requestor Name(Print) Signature Phone/FAX Richard H. Edelman <u>Richard H. Edelman</u> <u>215-378-3818/3818</u> Responsible Facility Official Name(Print) Signature Phone/FAX	
3 Transferor (sender) Information <u>19780817-633</u> Facility Registration Number Melissa C. Libal <u>M.C. Libal</u> <u>979-845-3414</u> <u>979-845-7744</u> Transferor Name(Print) Signature Phone/FAX Virginia Brown <u>Virginia Brown</u> <u>979-845-4858</u> <u>979-845-1510</u> Responsible Facility Official Name(Print) Signature Phone/FAX	
4 Shipping Information Amount per primary receptacle: _____ Number of primary receptacles per outer package: <u>1</u> Number of outer packages: _____ Date agent shipped: <u>9/23/01</u> Date agent received: <u>9/23/01</u> <u>MP</u>	
5 Select Agent Supply Depleted or Destroyed Date: <u>9/23/01</u>	

United States Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Field Epidemiology, 1600 Clifton Road, Atlanta, GA 30333, (404) 625-7336
 This form is provided for informational purposes only and does not constitute a contract. It is subject to the terms and conditions of the Select Agent Transfer Agreement, which can be found at: <http://www.cdc.gov/od/ohrt/ea101.pdf>
 Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed to complete the collection of information, reviewing the collection of information, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Service, Paperwork Project (0158-0047), Washington, DC 20543.

CDC 0,1241 787

Total Pages Scanned : 2 Total Pages Confirmed : 2

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	429	94046390880	9-23-01; 8:04	43"	2 / 2	EC		CP 31.2

Notes :

EC: Error Correct	RE: Resend	PD: Polled by Remote	MB: Receive to Mailbox
BC: Broadcast Send	MP: Multi-Poll	PG: Polling a Remote	PI: Power Interruption
CP: Completed	RM: Receive to Memory	DR: Document Removed	TM: Terminated by user
HS: t Scan	HP: Host Print	FO: Forced Output	WT: Waiting Transfer
HF: st Fax	HR: Host Receive	FM: Forward Mailbox Doc.	WS: Waiting Send

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-3236.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u>Bacillus anthracis</u> Toxin: Recombinant organisms/molecules: Use: Research <input checked="" type="checkbox"/> Diagnostics <input type="checkbox"/> Production <input type="checkbox"/> Other <input type="checkbox"/>	
2 Requestor (receiver) Information <u>19970124-377</u> Facility Registration Number <u>Pamala R. Coker DVM</u> <u>[Signature]</u> <u>225-578-9659/9655</u> Requestor Name(print) Signature Phone/FAX <u>Richard Hidalgo</u> <u>[Signature]</u> <u>225-578-9918/9916</u> Responsible Facility Official Name(print) Signature Phone/FAX	
3 Transferor (sender) Information <u>19980817-633</u> Permit #2000-09-0174 Facility Registration Number <u>979 845 1794</u> <u>MELISSA C LIBAL</u> <u>[Signature]</u> <u>979 845 3414</u> Transferor Name(print) Signature Phone/Fax <u>Virginia Brown</u> <u>[Signature]</u> <u>979/862-4038</u> <u>979/845-1348</u> Responsible Facility Official Name(print) Signature Phone/Fax	
4 Shipping Information <u>0.25g</u> Amount per primary receptacle: <u>2 starts</u> Number of primary receptacles per outer package <u>2</u> Number of outer packages <u>1</u> Date agent shipped: <u>8/8/01</u> Date agent received: <u>8/9/01</u>	
5 Select Agent Supply Depleted or Destroyed Date <u>1/1</u>	

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199); Rm 531 H, H.H. Humphrey Bldg, 200 Independence Ave. SW; Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Facility Name: Louisiana State University

Registration #: 19970724-377

Address: School of Veterinary Medicine
South Stadium Drive

Effective Date: 7/1/01

Baton Rouge, LA 70803

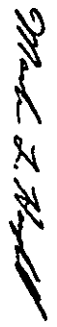
Expiration Date: 12/31/01

Responsible Facility Official: Richard Hidalgo, Ph.D.

Alternate Facility Official: Mr. James P.T. Roberts

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.



Mark L. Hemphill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention

Special Pathogens Laboratory
School of Veterinary Medicine
Louisiana State University
Baton Rouge, LA 70803
225-578-9659
225-578-9655 fax

FAX COVER SHEET

Send to: <i>TVML</i>	From: Dr. Pamela R. Collier
Attention: <i>Missy Label</i>	Date: <i>8/9/07</i>
Office location:	Office location:
Fax number: <i>979-845-3414</i>	Phone number: 225-266-0876

- Urgent
 Reply ASAP
 Please comment
 Please review
 For your information

Total pages, including cover: *2*

Comments:

Please fax to CDC with your perm. #.

*Thanks,
Pamela*

Transmission Report

Date/Time
Local ID
Local Name
Company Logo

8-10-01; 16:22
409 845 1348
Texas A M Univ EHSD

This document was confirmed.
(reduced sample and details below)
Document Size Letter-S

08/09/01 14:04 FAX 225 570 9856 LAU 8VM 785 872

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.5. Additional Requirements for Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

- REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferee.
- TRANSFERROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.
- WHEN SELECT AGENT IS DISPLAYED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

* Laboratory Registration/Select Agent Transfer Agency, Mail Stop P04, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-639-3234.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u>Bacillus anthracis</u> Toxin: Recombinant organisms/molecules: Use: Research <input checked="" type="checkbox"/> Diagnostic <input type="checkbox"/> Production <input type="checkbox"/> Other <input type="checkbox"/>	
2 Requestor (receiver) information <u>19970124-372</u> Facility Registration Number Pamela Y. Colax <u>[Signature]</u> Requestor Name (print) <u>Birthdate</u> Phone/FAX <u>225-318-2659/9655</u> Richard Hidalgo <u>[Signature]</u> Responsible Facility Official Name (print) Signature Phone/FAX <u>225-378-9918/9916</u>	
3 Transferor (sender) information <u>19980817-635</u> Facility Registration Number MELISSA C LIBAL <u>[Signature]</u> Transferor Name (print) Signature Phone/Fax <u>979 845 1794</u> Virginia Brown <u>[Signature]</u> Responsible Facility Official Name (print) Signature Phone/Fax <u>979 845 1398</u>	
4 Shipping information <u>0.25 gm</u> Amount per primary receptacle: <u>2.0 packets</u> Number of primary receptacles per outer package: <u>2.2</u> Number of outer packages: <u>1</u> Date agent shipped: <u>8/18/01</u> Date agent received: <u>8/19/01</u>	
5 Select Agent Supply Depleted or Destroyed Date <u>1/1</u>	

Additional labeling requirements: Each receiving and transferring facility must maintain a record of all transfers. Refer to 42 CFR 72.5(d)(2) for requirements.
 Penalties: Knowingly providing false information on any part of this form or its supplements will subject the applicant to fines of up to \$20,000 (\$500,000 for corporations), imprisonment for up to 5 years or both (18 USC Section 1011). Failure to adhere to these requirements is a 1 year misdemeanor (42 USC Section 271).
 Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes per response for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed 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 the burden, to OMB Paperwork Reduction Project (0704-0188), Pm, G31 H, 1215 Randolph Bldg, 300 Independence Ave, SW, Washington, D.C.

CDC 0-1241 7/97

Total Pages Scanned : 2 Total Pages Confirmed : 2

No.	Doc	Remote Station	Start Time	Duration	Pages	Mode	Comments	Results
1	106	94045393226	8-10-01; 16:20	1'37"	2 / 2	EC		CP 14.4

- NOTES :
- | | | | |
|--------------------|-----------------------|--------------------------|------------------------|
| EC: Error Correct | RE: Resend | FD: Polled by Remote | ME: Receive to Mailbox |
| BC: Broadcast Send | MP: Multi-Poll | PG: Polling a Remote | PI: Power Interruption |
| CP: Completed | RM: Receive to Memory | DR: Document Removed | TM: Terminated by user |
| FS: File Transfer | HP: Host Print | FO: Forced Output | WT: Waiting Transfer |
| HF: Host File | HR: Host Receive | FM: Forward Mailbox Doc. | W3: Waiting Send |



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

TO: Brent Mattox
Manager of Industrial Hygiene
Texas A&M University
4472 TAMU, Texas A&M University
College Station, TX 77843-4472
FAX: (979) 845-1348

FR: Centers for Disease Control and Prevention, Select Agent Program

DATE: November 26, 2003

RE: Approval to transfer select biological agent(s) and toxin(s) (Recipient)

The request to transfer the select agent(s) on the attached EA-101, from University of South Alabama 307 University Boulevard, CSAB 170 Mobile AL 36688 to Texas A&M University 4472 TAMU, Texas A&M University College Station, TX 77843-4472 has been issued the following approval number:

CEA000181

Please note the transfer of overlap select biological agents may require the intended recipient to obtain a USDA permit prior to the importation or interstate movement of the agent. See 7 C.F.R. Part 330 and 9 C.F.R. Part 122. The USDA permit applications are available on the web at www.aphis.usda.gov. For questions concerning the USDA permits please call 301-734-3277.

You are reminded that you must complete your portion of Block 4 of the EA-101 transfer form. Send a copy of the form with the shipment to the recipient. The recipient RO must complete its portion of Block 4 (i.e., date select agent material received and confirmation that what was listed on packing inventory has been received) and provide a paper copy or faxed form EA-101 to either CDC or APHIS, as appropriate, as well as the sender within 2 business days of receipt. Both the sender and recipient are required to retain paper records for 3 years, or retain the record 3 years after agent is consumed or destroyed, whichever is longer.

Please contact the Select Agent Program at the telephone number or address listed below if you have additional questions.

Thank you.

Sincerely,

Ted Jones, Acting Director
Select Agent Program
Centers for Disease Control and Prevention
1600 Clifton Road N.E.
Mail Stop E-79
Atlanta, GA 30333
Telephone: 404-498-2255
FAX: 404-498-2265



CEA000181
 REPORT OF TRANSFER OF SELECT BIOLOGICAL
 AGENTS AND TOXINS

FORM APPROVED
 OMB NO. 0578-0112
 GSA NO. 0520-0578
 EXPIRES DATE 06/30/2003



INSTRUCTIONS FOR COMPLETING THIS FORM

1. RECIPIENT: Complete blocks 1 and 2 and forward to Sender.
2. SENDER: Fill out block 3 and FAX the form to CDC or APHIS to receive confirmation that the recipient is registered to receive requested material. CDC or APHIS will then FAX the form, if approved, to the Sender with a CDC or APHIS confirmation number. Sender should then complete block 4, except for date shipment received and send a copy of this form with the shipment to the Recipient.
3. RECIPIENT: Complete data received in Block 4. FAX or mail a copy of this form to the sender and to either CDC or APHIS.
4. WHEN THE SELECT AGENT IS DEPLETED OR DESTROYED: The PIO of the recipient's entity should complete appropriate boxes of Block 4 within 9 business days of the select agent being depleted or destroyed. A copy of the form must be mailed or faxed to the CDC or APHIS.

*CDC: Select Agent Program, Mailstop E-79, 1600 Clifton Rd NE, Atlanta, GA 30333; FAX: (404) 498-8285.
 **APHIS: For animal agents/toxins: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231; FAX: (301) 734-3277. For plant agents/toxins: Biological and Technical Services, PPO, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1228; FAX: (301) 734-0700.

1 - RECIPIENT (REQUESTOR) INFORMATION			
Entity name Texas A&M University	Entity registration # APHIS*	CDC# C200317	
Recipient name registered with CDC (principal investigator/supervisor) Print Dr. James Samuel Schara	Signature	Date 09/15/03	Phone 979-862-1683
Principal investigator (principal investigator/supervisor if different from line above) Print Schara	Signature	Date	Phone
Responsible Official name Print Brent Mattox	Signature	Date 09/15/03	Phone 979-845-2002
			FAX 979-845-1345

2 - SELECT AGENT DESCRIPTION	
Check box as appropriate. Only one box per agent or toxin:	
<input checked="" type="checkbox"/> Organism: Rickettsia prowazekii	Strain(s): Madrid E
<input type="checkbox"/> Select Agent name:	Type(s):
<input type="checkbox"/> Recombinant organisms/molecules:	Strain(s):
Proposed Use: <input type="checkbox"/> Research <input type="checkbox"/> Diagnostic <input checked="" type="checkbox"/> Production <input type="checkbox"/> Other (specify):	

3 - SENDER (TRANSFEROR) INFORMATION			
Entity/Office name University of South Alabama Lab of Molecular Biology	Entity registration # APHIS*	Importation US PHS or APHIS Permit # CDC# C20031123-0080	
Sender name registered with CDC (principal investigator/supervisor) Print David O. Wood Ph.D.	Signature	Date 9/23/03	Phone (251) 460-6324
Principal investigator (principal investigator/supervisor if different from line above) Print	Signature	Date	Phone
Responsible Official name Print SAMUEL J. STRADA Ph.D.	Signature	Date 11/21/03	Phone (251) 460-6041
			FAX (251) 460-6073
FOR CDC/APHIS USE ONLY: CDC CONFIRMATION NUMBER: CEA000181 DATE: 11/25/03 PI: 260			
APHIS CONFIRMATION NUMBER: _____ DATE: _____			

TEXAS A&M UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Department of Veterinary Pathobiology
110 Veterinary Research Tower
College Station, Texas 77843-4467
Phone: 979-862-4402 Fax: 979-862-1088
<http://www.cvm.tamu.edu/>



Fax

To: Brent Mattox From: Carol Turse

Fax: 5-1348 Pages: 2

Phone: Date: 1.14.04

Re: Transfer Form

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

TAMU Intrafacility Select Agent Transfer Form for
the mice that were moved back to our B1-3 today.

Thanks,

Carol

5-4185 (p)

2-1088 (fax)

IF THERE ARE ANY PROBLEMS RECEIVING THIS TRANSMISSION,
PLEASE CALL MARY RONSONET AT (979) 862-4402.

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: Brucella melitensis and Brucella abortus

2. Transferor:

Name: - Biohazard Facility Rm Stephen Starle

Phone: 845-7433 Email address: steve@larr.tamu.edu

Amount supplied and concentration: 20 cages of infected mice

Date transferred: Tuesday January 13, 2004

Name of Recipient: Dr. Tom Ficht / Rm BL-3)

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. Tom Ficht Lab / Carol Tuse

Phone: 845-4185 Email address: tficht@evm.tamu.edu

Bldg/ room where select agent will be used Rm (BL-3)

Bldg/ room where select agent will be stored Rm (BL-3)

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: Brucella melitensis and Brucella abortus

2. Transferor:
Name: Thomas Ficht, Ph.D. / Carol Turse
Phone: 845-4185 Email address: tficht@cvm.tamu.edu
Amount supplied and concentration: 20 cages of infected mice
Date transferred: Wednesday January 7, 2004
Name of Recipient: Biohazard Facility Rm John Park / Stephen Sterle

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:
Name: _____
Phone: _____ Email address: _____
Bldg/ room where select agent will be used _____
Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: Brucella melitensis and Brucella abortus

2. Transferor:

Name: Biohazard Facility Rm Stephen Sterle

Phone: 845-7433 Email address: steve@larr.tamu.edu

Amount supplied and concentration: 20 cages of infected mice

Date transferred: Tuesday January 13, 2004

Name of Recipient: Dr. Tom Ficht / Rm BL-3)

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: _____

Phone: _____ Email address: _____

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

T-2 toxin, DAS

2. Transferor:

Name: Andrew Peplow

Phone: 862-2082 Email address: peplow@tamuedu

Amount supplied and concentration: 18ml : T-2 - 200ug/ml
DAS 100ug/ml

Date transferred: Mar 31 2003

Name of Recipient: Mindy Wiles

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Mindy Wiles

Phone: 2-4977 Email address: mwiles@cvm.tamu.edu

Bldg/ room where select agent will be used Room#

Bldg/ room where select agent will be stored ROOM#

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: July 31, 2003

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: T-2 Toxin, diacetoxyscirpenol

2. Transferor:

Name: Andrew Peplow

Phone: 862-2082 Email address: peplow@tamv.edu

Amount supplied and concentration: fungus culture T-2: 250ug/ml (est.)
extract, 25ml DAS: 100ug/ml (est.)

Date transferred: Apr 28 2003

Name of Recipient: Mindy Wiles

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Melinda Wiles

Phone: 2-4977 Email address: mwiles@svm.tamu.edu

Bldg/ room where select agent will be used Room

Bldg/ room where select agent will be stored ROOM 7

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: July 31, 2003

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

T-2 toxin, DAS

2. Transferor:

Name: Andy Peplow

Phone: 862-2082 Email address: peplow@tamu.edu

Amount supplied and concentration: T-2: 4 ml at 200 µg/ml

Date transferred: Nov 21 2002 DAS: 3 ml at 200 µg/ml

Name of Recipient: Melinda Wiles

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Melinda Wiles

Phone: 862-4977 Email address: mwiles@cum.tamu.edu

Bldg/ room where select agent will be used Room

Bldg/ room where select agent will be stored Room

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: Feb 7, 2003

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: T-2 toxin, DAS

2. Transferor:
 Name: Andrew Peplow
 Phone: 862-2082 Email address: peplow@tamu.edu
 Amount supplied and concentration: 11 ml : T-2 conc. 20ug/ml
DAS conc. 100ug/ml
 Date transferred: Jan 27 2003
 Name of Recipient: Melinda Wiles

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:
 Name: Melinda Wiles
 Phone: 862-4977 Email address: mwiles@cvm.tamu.edu
 Bldg/ room where select agent will be used Bldg Room
 Bldg/ room where select agent will be stored Bldg Room

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: Feb 7, 2003

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

T-2 toxin, diacetoxyscirpenol

2. Transferor:

Name: Andrew Peplow
 Phone: 862-2082 Email address: peplow@tamu.edu
 Amount supplied and concentration: combined volume = 6 ml
 Date transferred: July 3 2002 overall Concentration: T-2: 100 µg/ml
 DAS: 150 µg/ml
 Name of Recipient: Melinda Wiles

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: ~~Mindy Wiles~~ Melinda Wiles
 Phone: 862-4977 Email address: mwiles@svm.tamu.edu
 Bldg/ room where select agent will be used BUSM
 Bldg/ room where select agent will be stored ROOM

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: July 15 2002

Approved CEA 000020

FORM APPROVED
OMB NO. 0570-0213
OMB NO. 0820-0576
EXP DATE 08/31/2003



REPORT OF TRANSFER OF SELECT BIOLOGICAL AGENTS AND TOXINS



INSTRUCTIONS FOR COMPLETING THIS FORM

- 1. **RECIPIENT:** Complete blocks 1 and 2 and forward to Sender.
- 2. **SENDER:** Fill out block 3 and FAX the form to CDC or APHIS to receive confirmation that the recipient is registered to receive requested material. CDC or APHIS will then FAX the form, if approved, to the Sender with a CDC or APHIS confirmation number. Sender should then complete block 4, except for date shipment received and send a copy of this form with the shipment to the Recipient.
- 3. **RECIPIENT:** Complete data received in Block 4. FAX or mail a copy of this form to the sender and to either CDC* or APHIS**.
- 4. **WHEN THE SELECT AGENT IS DEPLETED OR DESTROYED:** The RO of the recipient's entity should complete appropriate boxes of Block 4 within 5 business days of the select agent being depleted or destroyed. A copy of the form must be mailed or faxed to the CDC or APHIS.

*CDC: Select Agent Program, Mailstop E-79, 1600 Clifton Rd NE, Atlanta, GA 30333; FAX: (404) 498-2205.

**APHIS: For animal agents/toxins: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231; FAX: (301) 734-3277. For plant agents/toxins: Biological and Technical Services, PPO, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1236; FAX: (301) 734-6700.

1 - RECIPIENT (REQUESTOR) INFORMATION			
Entity name <u>Texas A&M University</u>		Entity registration # <u>CDC 030817</u> APHIS# <u>CDC#</u>	
Recipient name registered with CDC (principal investigator/lab supervisor) Print: <u>Thomas Echt</u> Signature: <u>Thomas Echt</u>	Date: <u>4/21/03</u>	Phone: <u>979-845-4118</u>	FAX: <u>979-862-1088</u>
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____	Date: _____	Phone: _____	FAX: _____
Responsible Official name Print: <u>Virginia Brown</u> Signature: <u>Virginia Brown</u>	Date: <u>4/22/03</u>	Phone: <u>979/862-4035</u>	FAX: <u>979/845-1348</u>

Do not have #

2 - SELECT AGENT DESCRIPTION	
Check box as appropriate (only one box per agent or toxin):	
<input checked="" type="checkbox"/> Organism: <u>Bacillus melitensis</u> Strain(s): <u>16m</u>	
<input type="checkbox"/> Select Agent toxin: _____ Type(s): _____	
<input checked="" type="checkbox"/> Recombinant organisms/molecules: <u>B. melitensis</u> Strain(s): <u>Asp24A, C40A, VIC60A</u>	
Proposed Use: <input checked="" type="checkbox"/> Research <input type="checkbox"/> Diagnostic <input type="checkbox"/> Production <input type="checkbox"/> Other (explain)	

3 - SENDER (TRANSFEROR) INFORMATION			
Entity/facility name <u>LSU</u>		Entity registration # <u>CDC 030340</u> <input type="checkbox"/> Importation: US PHS or APHIS Permit # _____ APHIS# _____ CDC# _____	
Sender name registered with CDC (principal investigator/lab supervisor) Print: <u>Philip Helzer</u> Signature: <u>Philip Helzer</u>	Date: <u>4/23/03</u>	Phone: <u>225-578-4763</u>	FAX: <u>578-4489</u>
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____	Date: _____	Phone: _____	FAX: _____
Responsible Official name Print: <u>Mike Durham</u> Signature: <u>Mike Durham</u>	Date: <u>4/23/03</u>	Phone: <u>225-578-8507</u>	FAX: <u>578-4489</u>
FOR CDC/APHIS USE ONLY			
CDC CONFIRMATION NUMBER: <u>CEA 000020</u>		DATE: <u>5/14/03</u>	INIT: <u>BE</u>
APHIS CONFIRMATION NUMBER: _____		DATE: _____	INIT: _____

Response but not work

4 - SHIPPING INFORMATION

List each select agent/toxin shipped, including the strain of the agent, if applicable (see example below). **B. Melitensis virB, cyd, 16M, Asp.**
 Number of primary receptacles per outer package **6** Number of outer packages **1** Date agent shipped **5/10/03** Date agent received **5/16/03** VB
 Carrier waybill (tracking) # **LSU-VetSci-5160301**

LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS SHIPPED

Select agent	Characterization of agent (see instructions)	Number of vials	Form (powder/liquid)	Vol or wt per vial (e.g., ml, mg)	Total quantity	Concentration/vial (e.g., 10 ⁴ cfu/ml)	Date depleted or destroyed	RO initials
<i>Bacillus anthracis</i>	Stem strain; GenBank Accession AF290552	5	liquid	5 ml	25 ml	10 ⁴ cfu/ml		
<i>Bacillus anthracis</i>	Ames strain	25	liquid	1 ml	25 ml	10 ⁴ cfu/ml		
1 <i>B. Melitensis</i>	virB, cyd, 16M	6	tissue	10g	60g	≤ 10 ⁴ /g		
2 <i>B. Melitensis</i>	cyd, Asp	4	tissue	10g	40g	≤ 10 ⁴ /g		
3 <i>B. Melitensis</i>	virB, 16M	5	tissue	10g	50g	≤ 10 ⁴ /g		
4 <i>B. Melitensis</i>	cyd, 16M	5	tissue	10g	50g	≤ 10 ⁴ /g		
5 <i>B. Melitensis</i>	virB, cyd, Asp, 16M	5	tissue	10g	50g	≤ 10 ⁴ /g		
6 <i>B. Melitensis</i>	Asp	3	tissue	10g	30g	≤ 10 ⁴ /g		
7								
8								

Responsible Official name

Print: **Mick Durbin**

Signature: *Mick Durbin*

RO initials **MD**

Record keeping requirements: Both receiving and sending facilities must maintain records of all transfers.
 Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).
 Public reporting burden: Public reporting burden of this collection of information is estimated to average 105 minutes 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 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0578).
 CDC FORM EA-101 (08/02/03); APLIS FORM 2041 (03/01/2003)

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

TO: Virginia Brown

Texas A&M University
1112 TAMU,
College Station, TX 77843-1112
FAX: 979-845-1348

FR: Centers for Disease Control and Prevention, Select Agent Program

DATE: May 14, 2003

RE: Approval to transfer select biological agent(s) and toxin(s) (Recipient)

The request to transfer the select agent(s) on the attached EA-101, from Louisiana State University Baton Rouge South Stadium Drive, Baton Rouge LA 70803 to Texas A&M University 1112 TAMU, College Station, TX 77843-1112 has been issued the following approval number:

CEA000020

Please note the transfer of overlap select biological agents may require the intended recipient to obtain a USDA permit prior to the importation or interstate movement of the agent. See 7 C.F.R. Part 330 and 9 C.F.R. Part 122. The USDA permit applications are available on the web at www.aphis.usda.gov. For questions concerning the USDA permits please call 301-734-3277.

You are reminded that you must complete your portion of Block 4 of the EA-101 transfer form. Send a copy of the form with the shipment to the recipient. The recipient RO must complete its portion of Block 4 (i.e., date select agent material received and confirmation that what was listed on packing inventory has been received) and provide a paper copy or faxed form EA-101 to either CDC or APHIS, as appropriate, as well as the sender within 2 business days of receipt. Both the sender and recipient are required to retain paper records for 3 years, or retain the record 3 years after agent is consumed or destroyed, whichever is longer.

Please contact the Select Agent Program at the telephone number or address listed below if you have additional questions.

Thank you.

Sincerely,

Stephen Ostroff, M.D.
Director (Acting), Select Agent Program
National Center for Infectious Diseases
Centers for Disease Control and Prevention
Department of Health and Human Services
Tel: (404) 498-2250 / FAX: (404) 498-2265

JAN-28-2003 15:57 VETERINARY SCIENCES

1-25-03: 8:31 TEXAS A M UNIV SHS

P.02

FORM EA 101: TRANSFER OF SELECT AGENT

21 CFR PART 2. Accredited Requirements For Facilities Transferring or Receiving Select Agents

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferee.

TRANSFEREE: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferee facility's registration certificate and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

* Laboratory Request (non-Select Agent) Transfer Activity. Mailbox #28, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880

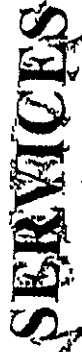
1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)	
Genus/species: <u>Breast Cancer 230R</u>	
Toxin: _____	
Recombinant organisms/molecules: _____	
Use: Research <input checked="" type="checkbox"/> Diagnostics _____ Production _____ Other _____	
2 Requestor (receiver) Information <u>19980817-633</u> Facility Registration Number	
<u>Thomas Ficht</u> Requester Name (print)	<u>Thomas Ficht (979) 845-4118/862-1088</u> Signature Phone/Fax
<u>Virginia Brown</u> Responsible Facility Official Name (print)	<u>Virginia Brown 979-862-4028/979-845-1348</u> Signature Phone/Fax
3 Transferee (sender) Information <u>19970724-377</u> Facility Registration Number	
<u>Philip H. Elzer</u> Transferor Name (print)	<u>Philip H. Elzer 325-578-4763/4890</u> Signature Phone/Fax
<u>Richard Hidalgo</u> Responsible Facility Official Name (print)	<u>Richard J. Hidalgo 325-578-9912/9916</u> Signature Phone/Fax
4 Shipping Information	
Amount per primary receptacle: <u>1ml</u>	
Number of primary receptacles per outer package: <u>3</u>	
Number of outer packages: _____	
Date agent shipped: <u>12/10/03</u> Date agent received: <u>1/30/03</u>	
<u>animals infected</u> <u>remaining solutions</u> <u>destroyed</u> <u>at TAMU</u>	
5 Select Agent Supply Depleted or Destroyed Date: <u>1/30/03</u>	

Records keeping requirements: Both requesting and transferee facilities must maintain records of all transfers. Refer to 42 CFR 72.6 (d)(2) for requirements.

Penalties: Knowingly providing false statements or any part of this form or the specimens will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 21).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the data for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Office, Paperwork Reduction Project (0220-1168), Rom 821 N. H. H. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Facility Name: Louisiana State University
Address: School of Veterinary Medicine
South Stadium Drive
Baton Rouge, LA 70803

Registration #: 19970724-377
Effective Date: 14-Jun-02
Expiration Date: 14-Jun-05

Responsible Facility Official: Richard Hidalgo, Ph.D.
Alternate Facility Official: James P. Roberts

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered in accordance with 42 CFR 72.6.

Mark L. Hemphill

Mark L. Hemphill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety

Centers for Disease Control and Prevention



FORM EA-101: TRANSFER OF SELECT AGENT

as per the FSL Additional Requirements For Facilities Transferring or Receiving Select Agents

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, WITH A COPY of requesting facility's registration conditions, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including data received by Requestor, attach copy of facility's registration conditions, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

* Laboratory Registration/Select Agent Transfer Program, Building 708, CDC, 1600 Clifton Road, NE, Atlanta, GA 30333. FAX: 404-625-0144.

1 Select Agent Description COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT Genus/species: <u>Bruella abortus strain 2908</u> Taxic: _____ Recombinant organisms/molecules: _____ Use: Research <u>Diagnosics</u> Production <u>Other</u>	
2 Requestor (receiver) Information <u>19080817-633</u> Facility Registration Number <u>Thomas Ficht</u> <u>Thomas Ficht (1979)</u> <u>845-578/362-7058</u> Requestor Name (print) Signature Phone/FAX <u>Virginia Buzni</u> <u>Virginia Buzni</u> <u>979-262-4033; 979-845-1548</u> Responsible Facility Official Name (print) Signature Phone/FAX	
3 Transferor (sender) Information <u>19970724-377</u> Facility Registration Number <u>Phil Elzer</u> <u>[Signature]</u> <u>225-578-4763/4890</u> Transferor Name (print) Signature Phone/FAX <u>Dr. Richard Hidalgo</u> <u>Richard J. Hidalgo</u> <u>225-578-9918/9916</u> Responsible Facility Official Name (print) Signature Phone/FAX	
4 Shipping Information Amount per primary receipt: <u>1ml</u> Number of primary receipts per outer package <u>2</u> Number of outer packages <u>1</u> Date agent shipped: <u>3/20/02</u> Date agent received: <u>3/21/02</u>	
5 Select Agent Supply Depleted or Destroyed Date <u>3/23/02</u>	

Special handling requirements: Both requesting and supplying facilities must maintain records of all transfers. For IT in CD, EPA, USDA, and other agencies.

Penalties: Penalties providing false information on any part of this form or its attachments will subject the offender to fines of up to \$200,000 (5000 Euro for organizations), imprisonment for up to 5 years or both (42 USC Section 1861). Failure to maintain records constitutes a 1 year violation (42 USC Section 1861).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes per response for collection of information, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed and reviewing the collection of information. An agency that is not a sponsor 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: OMB Report Burden Office, Paperwork Reduction Project (0320-0108), RM 501 M, N.H. Marketing Bldg, 200 Independence Ave. S.W., Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention
Laboratory Registration and Select Agent Transfer Program

Registration #: 19970724-377
Effective Date: 12/19/01
Expiration Date: 6/30/02

Facility Name: Louisiana State University
Address: School of Veterinary Medicine
South Stadium Drive
Baton Rouge, LA 70803

Responsible Facility Official: Richard Hidalgo, Ph.D.

Alternate Facility Official: Mr. James P. T. Roberts

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.

Mark L. Hemphill

Mark L. Hemphill
Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention



FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6 Additional Requirements For Facilities Transferring or Receiving Select Agents

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC: **4046390810**
* Laboratory Registration/Select Agent Transfer Program, Mailstop F06, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0800.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Brucella abortus strain 2308
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other

2 Requestor (receiver) information 19980817-633 Facility Registration Number

Requestor Name (print) Thomas Ficht Signature Thomas Ficht (979) 845-4118/862-7088 Phone/FAX

Responsible Facility Official Name (print) Virginia Buren Signature Virginia Buren 979-862-4038; 979-845-1548 Phone/FAX

3 Transferor (sender) information 19970724-377 Facility Registration Number

Transferor Name (print) Phil Elzer Signature Phil Elzer 225-578-4763/4890 Phone/FAX

Responsible Facility Official Name (print) Dr. Richard Hodge Signature Richard Hodge 225-578-9918/9916 Phone/FAX

4 Shipping information

Amount per primary receptacle: 1 ml
Number of primary receptacles per outer package: 4
Number of outer packages: 1

Date agent shipped: 2/24/02 Date agent received: 2/25/02

5 Select Agent Supply Depleted or Destroyed Date 2/27/02

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(a) for requirements.
Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$50,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 371).
Public reporting burden: Public reporting burden of this collection of information is estimated to average 20 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed 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 DHEW Reports Clearance Officer, Paperwork Reduction Project (0820-0160), Rm 511 N. H. Humphrey Bldg., 300 Independence Ave. SW, Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN
SERVICES

Centers for Disease Control and Prevention
Laboratory Registration and Select Agent Transfer Program

Facility Name: Louisiana State University
Address: School of Veterinary Medicine
South Stadium Drive
Baton Rouge, LA 70803
Registration #: 19970724-377
Effective Date: 12/19/01
Expiration Date: 6/30/02

Responsible Facility Official: Richard Hidalgo, Ph.D.

Alternate Facility Official: Mr. James P. T. Roberts

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.

Mark L. Hemphill

Mark L. Hemphill
Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention



From: "Don Davis" <ddavis@cvm.tamu.edu>
To: <gingerbrown@tamu.edu>
Date: 2/8/02 3:39PM
Subject: Re: Transfer of Brucella

Ginger, I am clear on the Intrafacility form but want to make sure on the EA-101. Dr. Ficht has signed it. Do I fax or send it to you for your signature?? And then do you or I send it to Dr. Elzer at LSU for his signature??

For future planning - Dr. Elzer will be transporting the B. abortus by vehicle from LSU to TAMU and assisting with the challenge of the bison. He will not leave any inoculum here, and will take all contaminated items used in the challenge back to LSU for autoclaving and disposal. After he leaves we will have only the exposed animals. Tissues collected from the bison after that, will be held here and at the termination of the experiment, Dr. Elzer will come back over here to transport then back to LSU for culture.

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F06, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Brucella melitensis 16M

Toxin: _____

Recombinant organisms/molecules: _____

Use: Research Diagnostics _____ Production _____ Other _____

2 Requestor (receiver) Information 19980217-633
Facility Registration Number

Thomas Ficht Thomas Ficht 979-845-4118/979-862-1028
Requestor Name (print) Signature Phone/FAX

Virginia Brown Virginia Brown 979/862-4038 979/845-1348
Responsible Facility Official Name (print) Signature Phone/FAX

3 Transferor (sender) Information 19970724-377
Facility Registration Number

Dr Phil Elzer [Signature] 225-578-4763/fax 4890
Transferor Name (print) Signature Phone/Fax

Dr Richard Hidalgo Richard J. Hidalgo 225-578-9918/fax 9910
Responsible Facility Official Name (print) Signature Phone/Fax

4 Shipping information

Amount per primary receptacle: 1ml

Number of primary receptacles: per outer package 4

Number of outer packages 1

Date agent shipped: 2/14/02 Date agent received: 2/15/02 via email notification

5 Select Agent Supply Depleted or Destroyed Date 1/1

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

File reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 531 H, M.M. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Registration #: 19970724-377
Effective Date: 12/19/01
Expiration Date: 6/30/02

Facility Name: Louisiana State University
Address: School of Veterinary Medicine
South Stadium Drive
Baton Rouge, LA 70803

Responsible Facility Official: Richard Hidalgo, Ph.D.

Alternate Facility Official: Mr. James P.T. Roberts

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.

Mark L. Hemphill
Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention



EA-101; TRANSFER OF SELECT AGENT

421 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1. Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Coxiella burnetii
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other

2 Requestor (receiver) Information 20020423-897 Facility Registration Number

Thomas R. Jerrells Thomas R. Jerrells 402-559-8304
Requestor Name (print) Signature Phone/FAX

Peter C. Iwen Peter C. Iwen 402-559-7774 / 402-559-4077
Responsible Facility Official Name (print) Signature Phone/FAX

Transferor (sender) Information 19980817-633 Facility Registration Number

James E. Samuel James E. Samuel 979-862-1603 / 979-845-3479
Transferor Name (print) Signature Phone/Fax

Virginia Brown Virginia Brown 979-862-4038 / 979-845-1348
Responsible Facility Official Name (print) Signature Phone/Fax

4 Shipping information

Amount per primary receptacle: Infected Yolk sacs 1ml per tube.
Number of primary receptacles per outer package: 4 tubes
Number of outer packages: 1

Date agent shipped: 12/10/02 Date agent received: 12/11/02

5 Select Agent Supply Depleted or Destroyed Date 1/1

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(8) for requirements.

Penalties: Knowingly providing false statements on any part of this form or to attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHS Reports Clearance Officer, Paperwork Reduction Project (0920-0189), Rm 531 R, H.H. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

Dec 12 02 11:28a

SYSTEM INT AUDIT

979 845 6536

P. 1

DEC-11-2002 17:50

4025594077

4025594077

P. 01/02

FedEx USA Airbill

Express

Tracking Number: **8283 5081 9843**

1 From: This portion can be removed for Recipient's records.
 Date: 12/10/02 Flight Tracking Number: 828350819843
 Sender's Name: James Samuel Phone: 979 862-1584
 Company: TEXAS A & M MED MICRO BIOLOGY
 Address: BLDG RM
 City: COLLEGE STATION State: TX Zip: 77943

2 Your Internal Billing Reference: 1298-6856-2

3 To: Recipient's Name: Dr. Thomas Jerrells Phone: 8X 402-559-8304
 Company: University of Nebraska Medical Center
 Address: 986495 Nebraska Medical Center
 City: Omaha, NE Zip: 68198-6495



0215 Recipients Co.

4a Express Package Service
 FedEx Priority Overnight
 FedEx Standard Overnight
 FedEx First Overnight

4b Express Freight Service
 FedEx 10 Day Freight
 FedEx 2 Day Freight
 FedEx 3 Day Freight

5 Packaging
 FedEx Envelope
 FedEx Pak

6 Special Handling
 SATURDAY Delivery
 SUNDAY Delivery
 HOLD Wednesday
 HOLD Thursday
 HOLD Friday

7 Payment Method
 Bill Me
 Cash
 Check
 Credit Card
 Cash/Check

Total Packages: 1 Total Weight: 14 lbs

Release Signature: _____

To: Kerrie Smith!

5-3479

From: Peter Iwa
Biosafety Office
UNMC

FAX 402-559-4077

DEPARTMENT OF HEALTH AND HUMAN SERVICES

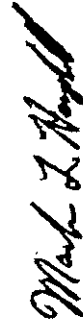
Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Facility Name: Nebraska Public Health Laboratory Special Pathogen Lab Registration #: 20020423-897
Address: Department of Pathology & Microbiology Effective Date: 14-Jun-02
986495 Nebraska Medical Center Expiration Date: 14-Jun-05
Omaha, NE 68198

Responsible Facility Official: Peter Iwen
Alternate Facility Official:

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.



Mark L. Hemphill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention

UNIVERSITY OF
Nebraska
Medical Center

NEBRASKA'S HEALTH SCIENCE CENTER
A Partner with Nebraska Health System

OFFICE OF THE VICE CHANCELLOR
FOR ACADEMIC AFFAIRS

November 5, 2002

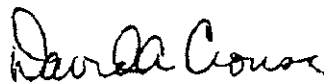
Dr. James E. Samuel
Associate Professor
Department of Medical Microbiology and Immunology
Texas A & M University SHSC
407 Reynolds Medical Building
College Station, TX 77843-1114

RE: Transfer of *Coxiella burnetii* strains

Dear Dr. Samuel,

This letter documents that the University of Nebraska Medical Center adheres to the provisions outlined in the federal USA PATRIOT Act of 2001. In this content, we the undersigned agree to the following statement:

"In consideration of the USA PATRIOT Act of 2001 which makes it (1) unlawful for an individual to possess certain 'biological agents' in a quantity or of a type that 'is not reasonably justified by..... bona fide research and (2) prohibits the access to or possession of any amount of biological agent by a 'restricted person' as defined by the Act, we the undersigned as representative of the University take full responsibility for the security of the biological agent submitted which includes limiting access to only personnel trained to perform the approved research and performing the necessary background check as needed to eliminate access by individuals defined as 'restricted persons'."



David A. Crouse, Ph.D.
Interim Vice Chancellor
UNMC Academic Affairs



Peter C. Iwen, Ph.D.
UNMC Biosafety Officer



Thomas R. Jerrells, Ph.D.

Professor, Pathology and Microbiology

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.d. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-639-3236.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Coxsackie B virus
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other CRP Antigen

2 Requestor (receiver) Information 19970620-364

Requestor Name (print): Bruce Harner Signature: [Signature] Facility Registration Number: 19970620-364
Phone/FAX: (435) 831-5173 / (435) 831-5714
Responsible Facility Official Name (print): Doc Dee Hreinson Signature: [Signature] Phone/FAX: (435) 831-3079 / (435) 831-5714

3 Transferor (sender) Information 19980817-633

Transferor Name (print): JAMES E SAMUEL Signature: [Signature] Facility Registration Number: 19980817-633
Phone/Fax: 979-862-1683 / 979-845-3479
Responsible Facility Official Name (print): Virginia Brown Signature: [Signature] Phone/Fax: 979-862-4038 / 979-845-1348

4 Shipping Information

Amount per primary receptacle: 1mg/ml ; 1.5ml per tube
Number of primary receptacles per outer package: 267 tubes
Number of outer packages: 1
Date agent shipped: 11/12/02 Date agent received: 11/13/02

5 Select Agent Supply Depleted or Destroyed Date 1/1

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(5) for requirements.
Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).
Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHS Reports Clearance Officer, Paperwork Reduction Project (0920-0108), Rm 503 H. H. Humphrey Bldg., 200 Independence Ave., SW, Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Facility Name: US Army Dugway Proving Ground
Address: Life Sciences Division

Dugway, UT 84022-5000

Responsible Facility Official: Dr. Alan J. Mohr

Alternate Facility Official: Rose (Dee Dee) Hreinson

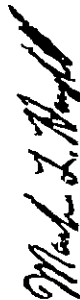
Registration #: 19970620-364

Effective Date: 29-May-02

Expiration Date: 29-May-05

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.



Mark L. Hempbill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)		
Genus/species: <u>Coxiella burnetii</u>		
Toxin: _____		
Recombinant organisms/molecules: _____		
Use: Research ___ Diagnostics <input checked="" type="checkbox"/> Production ___ Other ___		
2 Requestor (receiver) Information		
_____ Facility Registration Number		
<u>Focus Technologies - exempt - see attached CLIA Certification</u>		
Requestor Name (print)	Signature	Phone/FAX

Responsible Facility Official Name (print)	Signature	Phone/FAX
3 Transferor (sender) Information		
<u>19980817-633</u> Facility Registration Number		
<u>Dr. James Samuel</u>		
Transferor Name (print)	Signature	Phone/Fax

<u>Virginia Brown</u>	<u>Virginia Brown</u>	<u>979/862-4038</u>
Responsible Facility Official Name (print)	Signature	Phone/Fax

4 Shipping information		
Amount per primary receptacle: <u>1 ml</u>		
Number of primary receptacles per outer package <u>1</u>		
Number of outer packages <u>1</u>		
Date agent shipped: <u>9/18/01</u> Date agent received: <u>9/19/01</u>		
5 Select Agent Supply Depleted or Destroyed Date <u> / / </u>		

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199); Rm 531 H, H.H. Humphrey Bldg. 200 Independence Ave. SW; Washington, D.C.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration



Laboratory: MRL REFERENCE LABORATORY
Mailing Address: 5785 CORPORATE AVENUE SUITE 200
CYPRESS CA 90630

Laboratory Director: RICHARD K PORSCHEN

Physical Location: 5785 CORPORATE AVENUE SUITE 200
CYPRESS CA 90630

CLIA ID#: 05D00644251

Effective Date: February 28, 2001

Expiration Date: February 27, 2003

CLIA LABORATORY CERTIFICATE OF ACCREDITATION

Pursuant to Section 553 of the Public Health Service Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), Public Law 100-578, the above named laboratory located at the address shown hereon (and other locations registered under this certificate) is hereby authorized to accept human specimens for the purposes of performing laboratory examinations.

This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.

Judith A. Yost, Director
Division of Laboratories and Acute Care Services
Survey and Certification Group
Center for Medicaid and State Operations

51348

FROM (COMPANY NAME)
Medical Microbiology & Immunology
TAMUSHSC
 Bldg
 College Station TX
 Kerrie Smith/James Samuel 979-845-1313

OFFICE AIRBILL NUMBER
2892778632

4 CUSTOMER AIRBORNE EXPRESS ACCOUNT NUMBER
 SENDER **20362480**

RECEIVER

5 METHOD OF PAYMENT (ASSUMED CASH BUSINESS OTHERWISE NONE)
 HILL SENDER BILL RECEIVER
 BILL SHIP PARTY
 PAID IN ADVANCE
 Airborne Account No. Check No. Amount

BILLING REFERENCE (WILL APPEAR ON INVOICE)
135076-Samuel

6 No. of Pkgs. **1** 7 WEIGHT (LBS) **4**
 SUBJECT TO CORRECTION

SPECIAL INSTRUCTIONS
 SATURDAY DELIVERY TICKET AT AIRBORNE EXPRESS SECOND DAY

SHIPMENT VALUATION
 UNDECLARED VALUE OR FULL INSURANCE \$

AIRBORNE EXPRESS
LGR

Shipper's Declaration for Dangerous Goods
 Nature and Quantity of Dangerous Goods

This shipper's declaration for dangerous goods can be used for shipments prepared in accordance with D.O.T. Title 49 CFR, or I.C.A.O. Technical Instructions for the safe transport of dangerous goods by air.

Proper Shipping Name	Class or Division	UN ID NA Number	Packaging Group	Subsidiary Risk	Quantity and Type of Packaging	Packaging Inst.	Authorization
Infectious Substance Infecting Humans		UN2814 6.2			1 fiberboard box X1ml Overpack used		

Signature: **Coxiella Burnett**

Prepared per:
 49 CFR ICAO / IATA

This shipment is within the limitations prescribed for:
 CARGO AIRCRAFT ONLY PASSENGER AND CARGO AIRCRAFT

24 HOUR EMERGENCY PHONE NUMBER
 (979) 845-1312

TITLE
Research Assistant

L68H
2M

289 277 8652 269 277 8652

PACKAGE COPY

FORM EA 101: TRANSFER OF SELECT AGENT

29 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter data in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-830-3238

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Coxiella burnetii
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other

2 Requestor (receiver) Information

19970620-364
Facility Registration Number

DANIEL MARTIN ^{for Bruce HARPER} [Signature] 4358313020/5716
Requestor Name(print) Signature Phone/FAX

Stephen Parker [Signature] (435) 831-3028/5716
Responsible Facility Official Name(print) Signature Phone/FAX

3 Transferor (sender) Information

19980817-633
Facility Registration Number

JAMES E. Samuel [Signature] 979-862-1684/979-845-3479
Transferor Name(print) Signature Phone/Fax

Virginia Brown Virginia Brown 979-862-4038 / 979-845-1348
Responsible Facility Official Name(print) Signature Phone/Fax

4 Shipping Information

Amount per primary receptacle: 20
Number of primary receptacles per outer package 1
Number of outer packages 1

Date agent shipped: 5/16/00 Date agent received: 5/17/00

5 Select Agent Supply Depleted or Destroyed Date / /

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(5) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organization), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 531 H, H.H. Humphrey Bldg, 200 Independence Ave, SW, Washington, D.C.

Office of Health and Safety
Laboratory Registration and Select Agent Transfer Program



March 1, 1999

To: Dr. Bruce G. Harper, Chief, Life Sciences Division
U.S. Army Dugway Proving Ground
Life Sciences Division
Dugway, UT 84022-5000

Re: Registration of facility as required under 42 CFR Part 72.6 (Additional Requirements for Facilities Transferring or Receiving Select Agents)

We have reviewed the application for registration for the facility listed below. Based on the information provided in that application, the facility meets requirements for registration listed in 42 CFR 72.6.

All registered facilities are subject to inspection sometime during the 3 year registration period.

All transfers of select agents under this regulation must be documented on form EA-101. A supply of EA-101s and instructions for use accompany this letter. You may photocopy the EA-101 as necessary.

You must inform CDC if any of the following change during the registration period:

Responsible Facility Official

Addition or deletion of select agents your facility intends to transfer or receive

If you add select agents and this results in addition of laboratories or principal investigators we may request additional information. However, there will be no additional site registration fee required during the 3 year registration period.

Please call 404-639-4418 or fax 404-639-0880 to notify us of changes or if you have questions regarding this registration.

Mark L. Hemphill, M.S.
Office of Health and Safety

Facility Name:	U.S. Army Dugway Proving Ground
Address:	Dugway, UT 84022-5000
Responsible Facility Official:	Dr. Bruce G. Harper, Chief, Life Sciences Division
Alternate RFO:	Stephen L. Parker, Tech. Director
Period of Registration:	06/20/1997 to 06/20/2000
Registration Number:	19970620-364

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including data received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-3236.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u>Coxiella burnetii</u> Toxin: _____ Recombinant organisms/molecules: _____ Use: Research <input checked="" type="checkbox"/> Diagnostics _____ Production _____ Other _____		
2 Requestor (receiver) Information <u>19980506-617</u> Facility Registration Number Daniel L. Clemens, MD, Ph.D. <u>Daniel Clemens</u> Requestor Name(print) Signature Marcus A. Horwitz, M.D. <u>Marcus A. Horwitz</u> (310)825-9324 ph (310) 794-7156 Requestor Name(print) Signature Phone/FAX Leslie Hofherr <u>L.H.H.</u> (310)206-3929 ph. (310)825-5063 fax Responsible Facility Official Name(print) Signature Phone/FAX		
3 Transferor (sender) Information <u>19980817-633</u> Facility Registration Number <u>James E. Samuel</u> JAMES E. SAMUEL 409/862-1684 / 845-3479 Transferor Name(print) Signature Phone/Fax <u>Virginia Brown</u> Virginia Brown 409/862-4038 409/845-1348 FAX Responsible Facility Official Name(print) Signature Phone/Fax		
4 Shipping information Amount per primary receptacle: <u>1ml</u> Number of primary receptacles per outer package <u>1</u> Number of outer packages _____ Date agent shipped: <u>8/23/99</u> Date agent received: <u>8/24/99</u>		
5 Select Agent Supply Depleted or Destroyed Date <u> </u> / <u> </u> / <u> </u>		

FAXED

8/24/99

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199); Rm 531 H, H.H. Humphrey Bldg, 200 Independence Ave, SW, Washington, D.C.



Office of Health and Safety / Biosafety Branch
Laboratory Registration and Select Agent Transfer Program



June 30, 1998

To: Leslie Hofherr, M.P.H.

Re: Registration of facility as required under 42 CFR Part 72.6 (Additional Requirements for Facilities Transferring or Receiving Select Agents)

We have reviewed the application for registration for the facility listed below. Based on the information provided in that application, the facility meets requirements for registration listed in 42 CFR 72.6.

All registered facilities are subject to inspection sometime during the 3 year registration period.

All transfers of select agents under this regulation must be documented on form EA-101. A supply of EA-101s and instructions for use accompany this letter. You may photocopy the EA-101 as necessary.

You must inform CDC if any of the following change during the registration period:

Responsible Facility Official

Addition or deletion of select agents your facility intends to transfer or receive

If you add select agents and this results in addition of laboratories or principal investigators we may request additional information. However, there will be no additional site registration fee required during the 3 year registration period.

Please call 404-639-4418 or fax 404-639-0880 to notify us of changes or if you have questions regarding this registration.

Mark L. Hemphill, M.S.
Office of Health and Safety

Facility Name: University of California - Los Angeles

Address: Box 951606
Los Angeles, CA 90095

Responsible Facility Official: Leslie Hofherr, M.P.H.

Period of Registration: 05/06/1998 to 05/06/2001

Registration Number: 19980506-617



UNIVERSITY OF CALIFORNIA, LOS ANGELES

UCLA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

DEPARTMENT OF MEDICINE
UCLA SCHOOL OF MEDICINE
DIVISION OF INFECTIOUS DISEASES
37-121 CENTER FOR THE HEALTH SCIENCES
10833 LE CONTE AVENUE
LOS ANGELES, CALIFORNIA 90095-1688

Tel: 310-825-9324
Fax: 310-794-7156

Aug. 17, 1999

James E. Samuel, Ph.D.
Dept. of Medical Microbiology and Immunology
College of Medicine
Texas A&M University
College Station, Texas 77843
Tel: 409-862-1684
Fax: 409-845-3479

Dear Dr. Samuel:

It was very good to talk to you on the phone today. Thank you for agreeing to send us some plaque-purified clone 4 of the Nine Mile strain of *Coxiella burnetii* in phase II and some rabbit polyclonal antibody to the whole organism.

We have received approval from the UCLA Institutional Biosafety Committee to work with this strain of *Coxiella burnetii*, and we have received a license from the CDC to receive *Coxiella burnetii* through the mail.

To cover shipping costs, our Fed-Ex number is 2207-8007-4.

Our shipping address for Fed-Ex packages is:

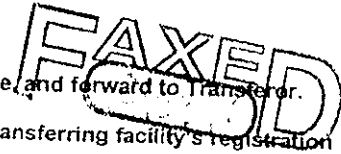
Attn: Barbara J. Dillon
University of California at Los Angeles
MRL 4236
C/o MRL Receiving
675 Circle Drive South
Los Angeles, CA 90095-1764

Sincerely,

Daniel L. Clemens, M.D., Ph.D.

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.



INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Coxiella burnetii
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other

2 Requestor (receiver) Information 19980817-633

James E. Samuel James E. Samuel 409-862-1684/409-845-3479
Requestor Name (print) Signature Phone/FAX
Virginia Brown Virginia Brown 409-862-4038/409-845-1348
Responsible Facility Official Name (print) Signature Phone/FAX

3 Transferor (sender) Information

Facility Registration Number

Transferor Name (print) Signature Phone/Fax

Responsible Facility Official Name (print) Signature Phone/Fax

4 Shipping information

Amount per primary receptacle: 4-8 boxes
Number of primary receptacles per outer package: 1
Number of outer packages: 6
Date agent shipped: 8/13/99 - 8/18/99 Date agent received: 8/20/99

5 Select Agent Supply Depleted or Destroyed Date / /

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements

Penalties. Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and reviewing the collection of information. An agency may not conduct a collection of information unless it displays a currently valid OMB control number. Send comments regarding this estimate or any other aspect of this collection of information, including suggestions for reducing this burden to DHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199); Rm 531 H, H.H. Humphrey Bldg. 200 Independence Ave. SW; Washington, D.C.

TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER

Department of Medical Microbiology and Immunology
College of Medicine
407 Reynolds Medical Building
College Station, TX 77843-1114
(409) 845-1313
(409) 845-3479

FAX TRANSMISSION

DATE: 8/20/99

TO: Dr. Shirley Elias

DEPT./LOCATION: WSU, Dept. ??

TELEPHONE NO.: 509-335-3479

FAX: 509-335-1907

FAXED
8/23/99

FROM: James E. Samuel, Ph.D.
Assistant Professor
Department of Medical Microbiology and Immunology
Texas A&M University Health Science Center
407 Reynolds Medical Building
College Station, TX 77843-1114
Phone: (409) 862-1684
Fax: (409) 845-3479
E-mail: jsamuel@tamu.edu

MESSAGE:

EA101 complete shipment

Thanks,

JimS

This transmission consists of _____page(s), *including* this cover page. If you do not receive the entire transmission, please notify Ms. Jane Lantz at (409) 845-1315.

DEC. 7 '98 4:54PM MICROBIOLOGY/IMMUNOL 304 293 7823 304 293 7823

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-3236.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)		
Genus/species: <u>Coxiella burnetii Nine Mile Phase I, Clone 7</u>		
Toxin: <u>None</u>		
Recombinant organisms/molecules: <u>N/A</u>		
Use: Research <input checked="" type="checkbox"/> Diagnostics <input type="checkbox"/> Production <input type="checkbox"/> Other <input type="checkbox"/>		
2 Requestor (receiver) Information		
		<u>19980 428-615</u> Facility Registration Number
<u>Herbert A. Thompson</u> Requestor Name(print)	<u>Herbert A. Thompson</u> Signature	<u>(304) 293-3951; (304) 293-7823</u> Phone/FAX
<u>Andrew Cockburn</u> Responsible Facility Official Name(print)	<u>Andrew I. Cockburn</u> Signature	<u>304-293-7157; 304 293-4529</u> Phone/FAX
3 Transferor (sender) Information		
		<u>19980817-633</u> Facility Registration Number
<u>Jim SAMUEL</u> Transferor Name(print)	<u>Jim Samuel</u> Signature	<u>409-862-1684 PH</u> <u>409-845-3479 FAX</u> Phone/Fax
<u>Virginia Brown</u> Responsible Facility Official Name(print)	<u>Virginia Brown</u> Signature	<u>409/862-4038 FAX 409/845-1348</u> Phone/Fax
4 Shipping Information		
Amount per primary receptacle: <u>1 ml</u>		
Number of primary receptacles per outer package: <u>4</u>		
Number of outer packages: <u>1</u>		
Date agent shipped: <u>12/16/98</u> Date agent received: <u>12/17/98</u>		
5 Select Agent Supply Depleted or Destroyed Date <u>1/1</u>		

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Officer, Paperwork Reduction Project (0820-0198), Rm 031 H. H.H. Humphrey Bldg. 200 Independence Ave. SW, Washington, D.C.

TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER

Department of Medical Microbiology and Immunology
College of Medicine
407 Reynolds Medical Building
College Station, TX 77843-1114
(409) 845-1313
(409) 845-3479

FAXED
1/12/99**FAX TRANSMISSION****DATE: 1/12/99****TO: Nasr Gergis****DEPT./LOCATION: Laboratory Registration/Select Agent Transfer Activity
CDC****TELEPHONE NO.: 404-639-4418****FAX: 404-639-3236**

FROM: James E. Samuel, Ph.D.
Assistant Professor
Department of Medical Microbiology and Immunology
Texas A&M University Health Science Center
407 Reynolds Medical Building
College Station, TX 77843-1114
Phone: (409) 862-1684
Fax: (409) 845-3479
E-mail: jsamuel@tamu.edu

MESSAGE:

Apologize for the delay. This is my first time shipping and I got a little confused on who to acknowledge receipt with.

This transmission consists of 4 page(s), including this cover page. If you do not receive the entire transmission, please notify Ms. Jane Lantz at (409) 845-1315.

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

T-2 toxin, diacetoxyscirpenol

2. Transferor:

Name: Andrew Tag

Phone: 2-2082 Email address: atag@tamu.edu

Amount supplied and concentration: Total combined volume = 15ml (15 tubes)

Date transferred: July 9, 2002

Estimated total amounts: T-2 = 11mg
DAS = trace

Name of Recipient: Melinda Wiles

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Melinda Wiles

Phone: 862-4977 Email address: mwiles@cvm.tamu.edu

Bldg/ room where select agent will be used Room

Bldg/ room where select agent will be stored Room

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: July 16, 2002

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis

2. Transferor:

Name: Jianwu Pei

Phone: 845-4185 Email address: jpei@cvm.tamu.edu

Amount supplied and concentration: 15 ml, 5x10⁹/ml

Date transferred: 3-01-06

Name of Recipient: Jianwu Pei

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Jianwu Pei

Phone: 845-4185 Email address: jpei@cvm.tamu.edu

Bldg/ room where select agent will be used Room

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: 3-01-06

TEXAS A&M UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Department of Veterinary Pathobiology
110 Veterinary Research Tower
College Station, Texas 77843-4467
Phone: 979-862-4402 Fax: 979-862-1088
<http://vtpb-www.cvm.tamu.edu/>
<http://www.cvm.tamu.edu/>



Fax

To: Brent Mattox From: Thomas Ficht

Fax: 5-1348 Pages: 2

Phone: _____ Date: 5/7/07

Re: Intrafacility transfer form

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

For your records

IF THERE ARE ANY PROBLEMS RECEIVING THIS TRANSMISSION,
PLEASE CALL MARY RONSONET AT (979) 862-4402.

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to ~~Ginger Brown~~, EHSD, Mail Stop 4472, or FAX 5-1348.
Brent Mattox

1. Name of Select Agent:

B. melitensis mutants

2. Transferor:

Name: Thomas Ficht

Phone: 5-4118 Email address: tficht@crm.tamu.edu

Amount supplied and concentration: <500 CFU/plate; 197 plates total

Date transferred: 4/13/07

Name of Recipient: Tim Samuel

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to ~~Ginger Brown~~, EHSD, Mail Stop 4472, or FAX 5-1348.
Brent Mattox

3. Recipient:

Name: JAMES E. SAMUEL

Phone: 693-4118 Email address: JSamuel@TAMHSC.EDU

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to ~~Ginger Brown~~, EHSD, Mail Stop 4472, or FAX 5-1348.
Brent Mattox

4. Date depleted or destroyed: 4/19/07

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

B. melitensis and *B. abortus*

Formatted: Font: 14 pt, Italic

2. Transferor:

Name: ___Thomas Ficht

Phone: 845-4118 Email address: tficht@cvm.tamu.edu

Amount supplied and concentration: frozen working cultures

Date transferred: 5/4/07

Name of Recipient: Jim Samuel

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: JAMES E. Samuel

Phone: 862-1684 Email address: JSAMUEL@TAMUHC.EDU

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TEXAS A&M UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Department of Veterinary Pathobiology
110 Veterinary Research Tower
College Station, Texas 77843-4467
Phone: 979-862-4402 Fax 979-862-1088
<http://www.cvm.tamu.edu>



Fax

To: Brent Maddox From: Adams / Field, mpr

Fax: 5-1348 Pages: 4

Phone: _____ Date: 08/18/06

Re: Transfer Forms

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

IF THERE ARE ANY PROBLEMS RECEIVING THIS TRANSMISSION,
PLEASE CALL MARY RONSONET AT (979) 862-4402.

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M I1414::Tn5

2. Transferor:

Name: Dr. Tom Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: August 17, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M I1538::Tn5

2. Transferor:

Name: Dr. Tom Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: August 17, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: , Room _____

Bldg/ room where select agent will be stored: , Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M I1414::Tn5

2. Transferor:

Name: Dr. Tom Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: August 17, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M I1538::Tn5

2. Transferor:

Name: Dr. Tom Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: August 17, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to ~~Ginger Brown~~, EHSD, Mail Stop 4472, or FAX 5-1348.
BRET MATTOX

1. Name of Select Agent:

Brucella melitensis 16M ORF 11414::Himar1

2. Transferor:

Name: Dr. Tom A. Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: July 6, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M ORF 11416::Himar1

2. Transferor:

Name: Dr. Tom A. Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: July 6, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: _____) Room _____

Bldg/ room where select agent will be stored: _____, Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M ORF I1538::Tn5

2. Transferor:

Name: Dr. Tom A. Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: July 6, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: _____, Room _____

Bldg/ room where select agent will be stored: _____, Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M ORF I1707::Tn5

2. Transferor:

Name: Dr. Tom A. Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: July 6, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to ~~Ginger Brown~~, EHSD, Mail Stop 4472, or FAX 5-1348.

BRETT MATTOX

1. Name of Select Agent:

Brucella melitensis 16M ORF I1414::Himar1

2. Transferor:

Name: Dr. Tom A. Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: July 6, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room

Bldg/ room where select agent will be stored: Room

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

x 4. Date depleted or destroyed: MARCH 6TH, 2007

CAR

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M ORF I1538::Tn5

2. Transferor:

Name: Dr. Tom A. Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: July 6, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

X 4. Date depleted or destroyed: MARCH 6TH, 2007

CAB

TEXAS A&M UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Department of Veterinary Pathobiology
110 Veterinary Research Tower
College Station, Texas 77843-4467
Phone: 979-862-4402 Fax: 979-862-1088
<http://www.cvm.tamui.edu/>



Fax

To: Ginger Brown, EHSD From: Carlos Rosetti, mpr

Fax: 5-1348 Pages: 6

Phone: _____ Date: May 12, 2006

Re: Transfer Form

Urgent For Review Please Comment Please Reply Please Recycle

● Comments:

IF THERE ARE ANY PROBLEMS RECEIVING THIS TRANSMISSION,
PLEASE CALL MARY RONSONET AT (979) 862-4402.

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M *virB1*homolog::Himar

2. Transferor:

Name: Dr. Tom Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: May 12, 2006

Name of Recipient: Dr. L.Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M virB3homolog::Himar

2. Transferor:

Name: _Dr. Tom Ficht_____

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu _____

Amount supplied and concentration: 1 plate (struck for confluence) _____

Date transferred: May 12, 2006 _____

Name of Recipient: Dr. L.Garry Adams _____

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams _____

Phone: (979) 845-9814 ____ Email address: gadams@cvm.tamu.edu _____

Bldg/ room where select agent will be used: Room . _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:
Brucella melitensis 16M virB9homolog::Himar

2. Transferor:

Name: _Dr. Tom Ficht _____

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu _____

Amount supplied and concentration: 1 plate (struck for confluence) _____

Date transferred: May 12, 2006 _____

Name of Recipient: Dr. L.Garry Adams _____

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams _____

Phone: (979) 845-9814 ____ Email address: gadams@cvm.tamu.edu _____

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M *virB10*homolog::Himar

2. Transferor:

Name: Dr. Tom Ficht

Phone: (979) 845-4185 Email address: Tficht@cvm.tamu.edu

Amount supplied and concentration: 1 plate (struck for confluence)

Date transferred: May 12, 2006

Name of Recipient: Dr. L. Garry Adams

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Dr. L. Garry Adams

Phone: (979) 845-9814 Email address: gadams@cvm.tamu.edu

Bldg/ room where select agent will be used: Room _____

Bldg/ room where select agent will be stored: Room _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

<u>1. Name of Select Agent:</u> <i>Brucella melitensis</i> 16M mtrC::Himar
--

<u>2. Transferor:</u> Name: <u>Dr. Tom Ficht</u> Phone: (979) 845-4185 Email address: <u>Tficht@cvm.tamu.edu</u> Amount supplied and concentration: <u>1 plate (struck for confluence)</u> Date transferred: <u>May 12, 2006</u> Name of Recipient: <u>Dr. L.Garry Adams</u>

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

<u>3. Recipient:</u> Name: <u>Dr. L. Garry Adams</u> Phone: (979) 845-9814 Email address: <u>gadams@cvm.tamu.edu</u> Bldg/ room where select agent will be used: Room _____ Bldg/ room where select agent will be stored: Room _____
--

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

<u>4. Date depleted or destroyed:</u> _____
--



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Centers for Disease Control
and Prevention (CDC)
Atlanta, GA 30333

TO: Brent Mattox
Manager of Industrial Hygiene
Texas A&M University
4472 TAMU, Texas A&M University
College Station, TX 77843-4472
FAX: (979) 845-1348

FR: Centers for Disease Control and Prevention, Select Agent Program

DATE: March 03, 2006

RE: Approval to transfer select biological agent(s) and toxin(s)

The request to transfer the select agent(s) listed on the attached APHIS/CDC Form 2, from Texas A&M University, College Station, TX 77843-1112, to Louisiana State University and A&M College, Baton Rouge, LA 70803, has been issued the following approval number. Please be advised that approval of this transfer expires on April 02, 2006:

CEA001504

Please note the transfer of select agents and toxins may require the intended recipient to obtain a USDA permit prior to the importation or interstate movement of the agent. See 7 CFR Part 330 and 9 CFR Part 122. The USDA permit applications are available on the web at www.aphis.usda.gov/vs/nciel/. For questions concerning the USDA permits please call 301-734-3277.

In addition, be advised that a valid Public Health Service permit may also be required for the importation of select agents and toxins. PHS permit applications are available on the web at <http://www.cdc.gov/od/ohs/biosfty/impptper.htm>. For questions concerning PHS Permits, please call CDC at 404-498-2255.

This authorization becomes immediately invalid if there are any changes in the facts supporting the request for an authorization (e.g., change in the certificate of registration for the sender or recipient, change in the application for transfer).

You are reminded that the sender RO must complete the applicable portion of Section D of the APHIS/CDC Form 2 transfer form and send a copy of the form with the shipment to the recipient. The recipient RO must complete the applicable portion of Section D (i.e., date select agent material received and confirmation that what was listed on packing inventory has been received) and provide a paper copy or faxed form APHIS/CDC Form 2 to either CDC or APHIS, as appropriate, as well as the sender within 2 business days of receipt. The recipient RO must immediately report to CDC or APHIS and complete APHIS/CDC Form 3 if the select agent or toxin has not been received within 48 hours after the expected delivery time, the package received containing select agents or toxins has been damaged to the extent that a release of the select agent or toxin may have occurred, or the amount received differs from that indicated by the sender in Section C. Both the sender and recipient are required to retain paper records for 3 years.

Please contact the transfer coordinator at 404-498-2255 or the address listed below if you have additional questions.

Sincerely,

Charles Brokopp, DrPH
Director, Select Agent Program
Office of Terrorism Preparedness and Emergency Response
Centers for Disease Control and Prevention
1600 Clifton Road N.E., Mail Stop E-79
Atlanta, GA 30333
Telephone: (404) 498-2255; FAX: (404) 498-2265

This document is intended for the exclusive use of the recipient(s) named above. It may contain sensitive information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient(s), any dissemination, distribution, or copying is strictly prohibited. If you think you have received this document in error, please notify the sender immediately and destroy the original.



CEA001504 REPORT OF TRANSFER OF SELECT AGENTS AND TOXINS

FORM APPROVED
OMB NO. 0573-0213
OMB NO. 0920-0578
EXP DATE 01/31/2006



Read all instructions carefully before completing the report. Answer all items completely and type or print in ink. This report must be signed by the Responsible Official and submitted to Agricultural Select Agent Program, 6700 River Road Unit 2, Mailstop 22, Subcode 1A07, Riverdale, MD 20737 (FAC: 301-734-3452) or Centers for Disease Control and Prevention, Select Agent Program, 1600 Clifton Road NE, Mailstop E-79, Atlanta, GA 30333 (FAX: 404-498-2265).

FOR APHIS/CDC USE ONLY			
APHIS/CDC AUTHORIZATION NUMBER: <u>CEA001504</u>		DATE: <u>3-3-06</u> INI: <u>11/11/06</u>	EXP DATE: <u>4-2-06</u>
SECTION A - RECIPIENT (REQUESTOR) INFORMATION			
1. Entity name <u>Louisiana State University and A&M College</u>	2. Entity registration number APHIS# <u>CDC#C20031123-0182</u>	3. <input checked="" type="checkbox"/> APHIS Permit # and/or US PHS#: <u>60989 research</u>	
4. Recipient name (Authorized Personnel) (Last, First, Middle) Print: <u>Eizer, Philip Herman</u> Signature: <u>[Signature]</u>	5. Date <u>02/09/2006</u>	6. Phone <u>225-578-4763</u>	7. FAX <u>225-578-4690</u>
8. Principal investigator (Principal Investigator, if different from line above) Print: _____ Signature: _____	9. Date	10. Phone	11. FAX
12. Responsible Official name (Last, First, Middle) Print: <u>Durham, Michael S.</u> Signature: <u>[Signature]</u>	13. Date <u>02/09/2006</u>	14. Phone <u>225-578-8507</u>	15. FAX <u>225-578-7489</u>
SECTION B - SENDER (TRANSFEROR) INFORMATION			
16. Entity name <u>Texas A&M University</u>	17. <input checked="" type="checkbox"/> Entity registration number: APHIS# <u>50393</u> CDC# <u>C20031123-0182</u> <input type="checkbox"/> Clinical/diagnostic laboratory <input type="checkbox"/> Other: <u>0124</u>		
18. Sender name (Last, First, Middle) Print: <u>Licht Thomas A</u> Signature: <u>[Signature]</u>	19. Date <u>2/16/06</u>	20. Phone <u>979-845-4118</u>	21. FAX <u>979-845-1088</u>
22. Principal investigator (Principal Investigator, if different from line above) Print: _____ Signature: _____	23. Date	24. Phone	25. FAX
26. Responsible Official name (Last, First, Middle) Print: <u>Brenda M. [Name]</u> Signature: <u>[Signature]</u>	27. Date <u>2-6-06</u>	28. Phone <u>979-845-2132</u>	29. FAX <u>979-845-1348</u>

APHIS/CDC FORM 3 (01/31/2006)
CDC Adobe Acrobat 5.0 Electronic Version, 4/2005

APHIS/CDC AUTHORIZATION NUMBER: **CEA001504** DATE: **3-3-06** IN: **110** EXP DATE: **4-3-06**

SECTION C - LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS SHIPPED (Attach additional sheets if necessary)

RECIPIENT		SENDER				
30. Select Agents and Toxins	31. Characterization of Agent or Toxin (see instructions)	32. No. of Vials	33. Form (powder/liquid/solid)	34. Vol or Wt per Vial (e.g., ml, mg, ng)	35. Total Quantity	36. Concentration/Formula (e.g., 10 ⁹ pfu/ml)
1 <i>Brucella melitensis</i>	1896 delta asp24 delta vdB12	3	liquid	1 ml	3 ml	1 x 10 ⁹ cfu/ml
2						1 x 10
3						1 x 10
4						1 x 10
5						1 x 10
6						1 x 10
7						1 x 10
8						1 x 10
9						1 x 10
10						1 x 10
11						1 x 10
12						1 x 30
13						1 x 10

37. Proposed Use: Research Diagnostic Production Other (explain):

SECTION D - SHIPPING INFORMATION (attach additional sheets if necessary)

38. Number of primary receptacles per outer package _____ Number of outer packages _____ Carrier weight (tracking) (kg): _____

39. Sender (Responsible Official or Facility Director) verifies select agents or toxins listed in Section C were shipped:
 Print: _____ Signature: _____
 40. Date shipped: _____

41. Recipient (Responsible Official) verifies select agents or toxins listed in Section C were received:
 Print: _____ Signature: _____
 42. Date received: _____

APHIS/CDC FORM 2 (11/01/2005)
 (CDC Address Form) 5.0 Electronic Version, 4/2005

A file reporting burden for this collection of information is estimated to average 15 minutes 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 collect 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 the burden, to OMB (0301-0043) Reports Burden Estimates, (600) 370-1770, Washington, DC 20503-0043.

Penalty for providing false information on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (50 USC Section 552a) or imprisonment for up to 5 years or both (50 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (50 USC Section 552a).

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: Brucella melitensis and Brucella abortus

2. Transferor:

Name: Thomas Ficht, Ph.D. / Carol Turse

Phone: 845-4185 Email address: tficht@cvm.tamu.edu

Amount supplied and concentration: 20 cages of infected mice

Date transferred: Wednesday January 7, 2004

Name of Recipient: Biohazard Facility Rm / John Park / Stephen Sterle

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: stephan sterle

Phone: 845-7433 Email address: steve@LARR.tamu.edu

Bldg/ room where select agent will be used N/A

Bldg/ room where select agent will be stored Main Room

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TEXAS A&M UNIVERSITY
COLLEGE OF VETERINARY MEDICINE
Department of Veterinary Pathobiology
110 Veterinary Research Tower
College Station, Texas 77843-4467
Phone: 979-862-4402 Fax: 979-862-1088
<http://www.cvm.tamu.edu/>



Fax

To: Brent Mattox, EHSD From: Carol Turse (Dr. Tom Ficht Lab)

Fax: 5-1348 Pages: 2

Phone: Date: 1.6.04

Re: Intrafacility Select Agent Transfer Form

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

● Comments:

Select agent transfer form for moving our infected mice to main while our animal hoods are serviced. The transfer will take place on Wednesday (Jan. 7).

Thanks, Carol Turse

Lab Manager, Dr. Tom Ficht Lab
845-4185 (lab)

IF THERE ARE ANY PROBLEMS RECEIVING THIS TRANSMISSION,
PLEASE CALL MARY RONSONET AT (979) 862-4402.

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent: Brucella melitensis and Brucella abortus

2. Transferor:

Name: Thomas Ficht, Ph.D. / Carol Turse

Phone: 845-4185 Email address: tficht@cvm.tamu.edu

Amount supplied and concentration: 20 cages of infected mice

Date transferred: Wednesday January 7, 2004

Name of Recipient: Biohazard Facility Rm John Park / Stephen
Sterle

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: _____

Phone: _____ Email address: _____

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Brent Mattox, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____



REPORT OF TRANSFER OF SELECT BIOLOGICAL AGENTS AND TOXINS



INSTRUCTIONS FOR COMPLETING THIS FORM

- 1. RECIPIENT:** Complete blocks 1 and 2 and forward to Sender.
- 2. SENDER:** Fill out block 3 and FAX the form to CDC or APHIS to receive confirmation that the recipient is registered to receive requested material. CDC or APHIS will then FAX the form, if approved, to the Sender with a CDC or APHIS confirmation number. Sender should then complete block 4, except for date shipment received and send a copy of this form with the shipment to the Recipient.
- 3. RECIPIENT:** Complete date received in Block 4. FAX or mail a copy of this form to the sender and to either CDC* or APHIS**.
- 4. WHEN THE SELECT AGENT IS DEPLETED OR DESTROYED:** The RO of the recipient's entity should complete appropriate boxes of Block 4 within 5 business days of the select agent being depleted or destroyed. A copy of the form must be mailed or faxed to the CDC or APHIS.

*CDC: Select Agent Program, Mailstop E-79, 1600 Clifton Rd NE, Atlanta, GA 30333; FAX: (404) 498-2265.
 **APHIS: For animal agents/toxins: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231; FAX: (301) 734-3277. For plant agents/toxins: Biological and Technical Services, PPQ, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1236; FAX: (301) 734-8700.

1 - RECIPIENT (REQUESTOR) INFORMATION			
Entity name Focus Technologies		Entity registration # Exempt; see CLIA attached APHIS# _____ CDC# _____	
Recipient name registered with CDC (principal investigator/lab supervisor) Print: Alan Arakawa Signature: _____		Date	Phone 714-220-1900
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____		Date	Phone _____ FAX _____
Responsible Official name Print: _____ Signature: _____		Date	Phone _____ FAX _____

2 - SELECT AGENT DESCRIPTION	
Check box as appropriate (only one box per agent or toxin): <input checked="" type="checkbox"/> Organism: Coxiella burnetii Strain(s): Nine Mile, phase II <input type="checkbox"/> Select Agent toxin: _____ Type(s): _____ <input type="checkbox"/> Recombinant organisms/molecules: _____ Strain(s): _____	
Proposed Use: <input type="checkbox"/> Research <input checked="" type="checkbox"/> Diagnostics <input type="checkbox"/> Production <input type="checkbox"/> Other (explain): _____	

3 - SENDER (TRANSFEROR) INFORMATION			
Entity/facility name Texas A & M University		Entity registration # 19980817633 APHIS# _____ CDC# 030217	
Sender name registered with CDC (principal investigator/lab supervisor) Print: James E. Samuel Signature: _____		Date	Phone 979-862-1683
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____		Date	Phone _____ FAX _____
Responsible Official name Print: Brent Mattox Signature: <i>Brent Mattox</i>		Date 11-5-03	Phone 979-845-2132
FOR CDC/APHIS USE ONLY CDC CONFIRMATION NUMBER: _____ DATE: _____ INI: _____ APHIS CONFIRMATION NUMBER: _____ DATE: _____ INI: _____			

4 - SHIPPING INFORMATION

List each select agent/toxin shipped, including the strain of the agent, if applicable (see example below).

Number of primary receptacles per outer package _____ Date agent shipped _____ Date agent received _____
 Carrier waybill (tracking) # _____ Number of outer packages _____

LIST OF SELECT BIOLOGICAL AGENTS AND TOXINS SHIPPED

Select agent	Characterization of agent (see instructions)	Number of vials	Form (powder/liquid)	Vol or wt per vial (e.g., ml, mg)	Total quantity	Concentration/vial (e.g., 10 ⁸ cfu/ml)	Date depleted or destroyed	RO initials
<i>Bacillus anthracis</i>	Sterne strain; GenBank Accession AF290552	5	liquid	5 ml	25 ml	10 ⁸ /ml		
<i>Bacillus anthracis</i>	Ames strain	25	liquid	1 ml	25 ml	10 ⁸ /ml		
1								
2								
3								
4								
5								
6								
7								
8								

Responsible Official name _____
 Print: _____

RO initials _____

Signature: _____

Record keeping requirements: Both receiving and sending facilities must maintain records of all transfers.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 105 minutes 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; AITN: PRA (0920-0576).

Brent

October 29, 2003

Dr. Samuel will need to ship some Coxiella next week to a company called Focus Technologies. We have shipped/received agent from this company in the past.

I completed and submitted our USDA VS form 16-3 application on October 10th, however that permit is only required for entities receiving agent. Since we are shipping the agent to Focus, we may do so without having the permit.

Regardless of the USDA permit, I must complete an EA 101 form for CDC. Enclosed is a copy of this form. It is only partially complete because I am waiting on Focus to send me an updated CLIA certificate. This certificate (CLIA laboratory certificate of accreditation) authorizes Focus to accept specimens for the purpose of performing laboratory examinations. I have attached a copy of their expired certificate.

Please let me know if everything is filled out correctly. This is my first time to use the new version of the EA 101 form.

Thank you for your time,

Kerrie Thomason
MMIM
414 Reynolds Medical Bldg
College Station, TX 77843-1114
979-862-1683
979-845-3479



REPORT OF TRANSFER OF SELECT BIOLOGICAL AGENTS AND TOXINS

FORM APPROVED
OMB NO. 0579-0213
OMB NO. 0920-0576
EXP DATE 08/31/2003



INSTRUCTIONS FOR COMPLETING THIS FORM

- 1. RECIPIENT:** Complete blocks 1 and 2 and forward to Sender.
- 2. SENDER:** Fill out block 3 and FAX the form to CDC or APHIS to receive confirmation that the recipient is registered to receive requested material. CDC or APHIS will then FAX the form, if approved, to the Sender with a CDC or APHIS confirmation number. Sender should then complete block 4, except for date shipment received and send a copy of this form with the shipment to the Recipient.
- 3. RECIPIENT:** Complete date received in Block 4. FAX or mail a copy of this form to the sender and to either CDC* or APHIS**.
- 4. WHEN THE SELECT AGENT IS DEPLETED OR DESTROYED:** The RO of the recipient's entity should complete appropriate boxes of Block 4 within 5 business days of the select agent being depleted or destroyed. A copy of the form must be mailed or faxed to the CDC or APHIS.

*CDC: Select Agent Program, Mailstop E-79, 1600 Clifton Rd NE, Atlanta, GA 30333; FAX: (404) 498-2265.

**APHIS: For animal agents/toxins: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231; FAX: (301) 734-3277. For plant agents/toxins: Biological and Technical Services, PPQ, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1236; FAX: (301) 734-8700.

1 - RECIPIENT (REQUESTOR) INFORMATION				
Entity name <u>Texas Adm University</u>		Entity registration # <u>CDC 030817</u> APHIS# _____ CDC# _____		
Recipient name registered with CDC (principal investigator/lab supervisor) Print: <u>Thomas Ficht</u> Signature: <u>Thomas Ficht</u>	Date <u>4/21/03</u>	Phone <u>979-845-4118</u>	FAX <u>979-862-1000</u>	
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____	Date _____	Phone _____	FAX _____	
Responsible Official name Print: <u>Virginia Brown</u> Signature: <u>Virginia Brown</u>	Date <u>4/22/03</u>	Phone <u>979/862-4038</u>	FAX <u>979/845-1348</u>	

2 - SELECT AGENT DESCRIPTION	
Check box as appropriate (only one box per agent or toxin):	
<input checked="" type="checkbox"/> Organism: <u>Brucella melitensis</u> Strain(s): <u>16m</u>	
<input type="checkbox"/> Select Agent toxin: _____ Type(s): _____	
<input checked="" type="checkbox"/> Recombinant organisms/molecules: <u>B. melitensis</u> Strain(s): <u>Asp24Δ, CypA, VirB2Δ</u>	
Proposed Use: <input checked="" type="checkbox"/> Research <input type="checkbox"/> Diagnostics <input type="checkbox"/> Production <input type="checkbox"/> Other (explain): _____	

3 - SENDER (TRANSFEROR) INFORMATION		N	
Entity/facility name _____	Entity # _____	<input type="checkbox"/> Importation: US PHS or APHIS Permit # _____	
Sender name registered with CDC (principal investigator/ Print: _____ Signature: _____		Phone _____	FAX _____
Principal investigator (principal investigator/lab supervisor if Print: _____ Signature: _____		Phone _____	FAX _____
Responsible Official name Print: _____ Signature: _____		Phone _____	FAX _____
FOR CDC/APHIS USE ONLY		DATE: _____	INI: _____
CDC CONFIRMATION # _____	APHIS CONFIRMATION # _____	DATE: _____	INI: _____

This attempt to transfer didn't happen because we had not yet rec'd the official letter w/ CDC Application #. Got the letter 5/13/03.

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6, Additional Requirements For Facilities Transferring or Receiving Select Agents

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including data requested by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX to CDC.

* Laboratory Registration/Select Agent Transfer Activity, Building 708, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-625-5555

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)
 Genus/species: Bruceia melitensis 16M and 3m variants : Δ Asp 24
 Toxin: Δ Cyd
 Recombinant organisms/molecules: Δ Vir B 2
 Use: Research Diagnostics Production Other

2 Requestor (receiver) Information 19970724-377
 Facility Registration Number
 Dr. Philip S. Elzer [Signature] (225) 578-4763 / (225) 578-4890
 Requestor Name (print) Signature Phone/FAX
 Dr. Richard Hidalgo [Signature] (225) 578-9918 / (225) 578-9916
 Responsible Facility Official Name (print) Signature Phone/FAX

3 Transferor (sender) Information 19980917-633
 Facility Registration Number
 Thomas Ficht [Signature] 979-845-4118 / 862-1088
 Transferor Name (print) Signature Phone/FAX
 Virginia Brown [Signature] 979-862-4038 / 979-845-1318
 Responsible Facility Official Name (print) Signature Phone/FAX

4 Shipping Information
 Amount per primary receptacle: 1ml; confluent plates
 Number of primary receptacles per outer package: 4 vials, 4 plates
 Number of outer packages: 1
 Date agent shipped: 2/10/03 Date agent received: 2/10/03
 ① plates destroyed at LSI.
 ② Vials used to infect animals, plated for count, and

5 Select Agent Supply Depleted or Destroyed Date 2/11/03 then destroyed by autoclave at LSI

Record keeping requirements: Both requesting and transferring facilities shall maintain records of all transfers. Refer to 42 CFR 72.6 (d)(3) for requirements.
 Penalties: Knowledge providing false information on any part of this form to its supervisors will subject the offender to fines of up to \$250,000 (\$200,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1007). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).
 Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Office, Paperwork Reduction Project (0923-0188) Rm 501 M, H.H. Murray Bldg, 120 Independence Ave. SW Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Facility Name: Louisiana State University

Address: School of Veterinary Medicine
Soulk Stadium Drive
Baton Rouge, LA 70803

Registration #: 19970724-377

Effective Date: 14-Jun-02

Expiration Date: 14-Jun-05

Responsible Facility Official: Richard Hidalgo, Ph.D.

Alternate Facility Official: James P. Roberts

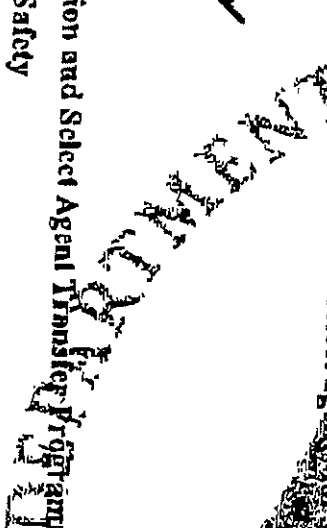
Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered in accordance with 42 CFR 72.6.

Mark L. Hemphill

Mark L. Hemphill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention



TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records.

1. Name of Select Agent:

Brucella abortus

2. Transferor:

Name: Thomas A. Ficht

Phone: 979-845-4117 Email address: tficht@cvm.tamu.edu

Amount supplied and concentration: 3ml of 1×10^9 /ml

Date transferred: 1-30-03

Name of Recipient: Donald S. Davis

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472.

3. Recipient:

Name: Donald S. Davis

Phone: 979-845-5174 Email address: ddavis@cvm.tamu.edu

Bldg/ room where select agent will be used: _____

Bldg/ room where select agent will be stored: not stored

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472.

4. Date depleted or destroyed: 1-30-03

DD

Brown, Virginia R

From: Tom Ficht [tficht@cvm.tamu.edu]
Sent: Tuesday, January 28, 2003 10:51 AM
To: Brown, Virginia R
Subject: Re: EA 101?

Ginger,

They could not ship those samples until I had an APHIS license in place. It is submitted and I am awaiting confirmation.

tom

On Tuesday, January 28, 2003, at 10:39 AM, Brown, Virginia R wrote:

> Tom,
> Back in mid-December I signed an EA 101 form for you to request B.
> abortus from
> someone at the NVSL in Ames, IA. I even had to send a memo to Darla
> Ewalt to
> confirm that you are a TAMU employee. To date, I have not received
> copies of the
> completed EA 101 with the information in boxes #3 and 4 filled in. If
> that shipment
> did transpire, please FAX a copy of the completed form to me at 5-1348.
>
> Thank you.
>
> Ginger Brown

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC*.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-639-0880

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u><i>Brucella abortus</i> (TAMU isolates)</u> Toxin: _____ Recombinant organisms/molecules: _____ Use: Research <u> </u> Diagnostics <u> </u> Production <u> </u> Other <u> </u>		
2 Requestor (receiver) Information <u>199 80817-633</u> Facility Registration Number <u>Thomas Ficht</u> <u>Thomas Ficht</u> <u>979-845-4118/979-8627088</u> Requestor Name (print) Signature Phone/FAX <u>Virginia Brown</u> <u>Virginia Brown</u> <u>979/862-4038</u> <u>979/845-1348</u> Responsible Facility Official Name (print) Signature Phone/FAX		
3 Transferor (sender) Information _____ Facility Registration Number Transferor Name (print) Signature Phone/Fax Responsible Facility Official Name (print) Signature Phone/Fax		
4 Shipping information Amount per primary receptacle: _____ Number of primary receptacles per outer package _____ Number of outer packages _____ Date agent shipped: ___/___/___ Date agent received: ___/___/___		
5 Select Agent Supply Depleted or Destroyed Date ___/___/___		

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(a)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations) imprisonment for up to 6 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OHS Reports Clearance Officer, Paperwork Reduction Project (6920-0198); Rm 531 H, H.H. Humphrey Bldg. 200 Independence Ave, SW; Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Facility Name: National Veterinary Services Laboratories and Center for Vete
Address: 1800 Dayton Avenue

Registration #: 20020401-888
Effective Date: 21-Nov-02
Expiration Date: 21-Nov-05

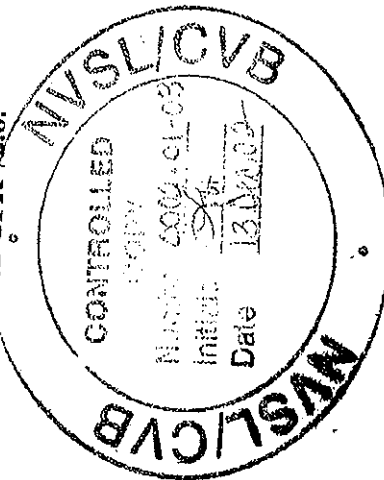
Ames, IA 50010
Responsible Facility Official: Randall L. Levings
Alternate Official(s) Richard E. Hill

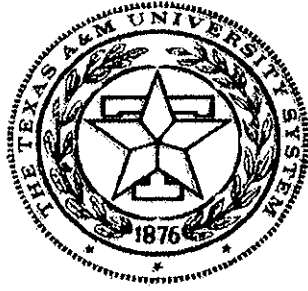
Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.

Mark L. Hemphill

Mark L. Hemphill
Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention





TEXAS A&M UNIVERSITY
Environmental Health and Safety Department
College Station, Texas 77843-4472
(979) 845-2132
Fax: (979) 845-1348

Date: December 18, 2002

To: Darla Ewalt
NVSL

Fax Number: 515/663-7904

Total Number of Pages: 2 (including cover page)

From: Virginia Brown

Subject:



TEXAS A&M UNIVERSITY
Environmental Health & Safety Department

December 18, 2002

To: Darla Ewalt
NVSL

Per your request, I wish to verify for your records that Dr. Thomas Ficht is an employee of Texas A&M University in the Department of Veterinary Pathobiology. He is included on the TAMU registration with the CDC for the Transfer of Select Agents.

Please let me know if you need additional information.

A handwritten signature in cursive script that reads "Virginia Brown".

Virginia Brown, RFO
Env Health & Safety
TX A&M University

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella abortus attenuated strain M180

2. Transferor:

Name: Thomas Ficht, Ph.D.

Phone: 458-0778 Email address: tficht@tamu.edu

Amount supplied and concentration: 10¹² CFU on plate

Date transferred: 09-23-2002

Name of Recipient: Renée Tsolis, Ph.D.

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Renée Tsolis, Ph.D.

Phone: 458-0778 Email address: rtsolis@medicine.tamu.edu

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.0 - Additional Requirements for Facilities Transferring or Receiving Select Agents

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Brucella abortus 2308 cydB mutant

Toxin: _____

Recombinant organisms/molecules: _____

Use: Research Diagnostics _____ Production _____ Other _____

2 Requestor (receiver) Information 20001219-753
Facility Registration Number

R. Martin Reep R M Reep 2/5/02 (252) 816-3125 / (252) 816-3535
Requestor Name (print) Signature Date Phone/FAX

C. Jeffrey Smith C. Jeffrey Smith 252-816-3127 / FAX 252-816-3535
Responsible Facility Official Name (print) Signature Phone/FAX

3 Transferor (sender) Information 19980817-633
Facility Registration Number

Thomas Ficht Thomas Ficht 979-845-4118
Transferor Name (print) Signature Phone/Fax

Virginia Brown Virginia Brown 979/842-4038 979/845-1348
Responsible Facility Official Name (print) Signature Phone/Fax

4 Shipping information

Amount per primary receptacle: 0.2 ml (cc)

Number of primary receptacles per outer package: 2

Number of outer packages: 1

Date agent shipped: 8/19/02 Date agent received: 8/20/02

5 Select Agent Supply Depleted or Destroyed Date / /

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.0(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or as attachments will subject the offender to fines of up to \$260,000 (\$500,000 for organizational) imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 5314, M.H. Humphrey Bldg, 200 Independence Ave. SW, Washington, DC.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention Laboratory Registration and Select Agent Transfer Program

Registration #: 20001219-753
Effective Date: 6/30/02
Expiration Date: 8/30/02

Facility Name: East Carolina University
Address: Brody School of Medicine
600 Moye Blvd.
Greenville, NC 27858-4354

Responsible Facility Official: C. Jeffrey Smith, Ph.D.

Alternate Facility Official:

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.

Mark L. Hempbill
Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella ovis, Brucella canis, Brucella neotomae

2. Transferor:

Name: Thomas A. Ficht, Ph.D.

Phone: 979-845-4118 Email address: tficht@cvm.tamu.edu

Amount supplied and concentration: 1 petri dish of each strain

Date transferred: 8/15/02

Name of Recipient: Renée M. Tsolis, Ph.D.

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Renée M. Tsolis, Ph.D.

Phone: 979-458-0778 Email address: rtsolis@medicine.tamu.edu

Bldg/ room where select agent will be used _____ (BL-3 suite)

Bldg/ room where select agent will be stored _____ (BL-3 suite)

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

1. Name of Select Agent:

Brucella melitensis 16M; *Brucella suis* 1330

2. Transferor:

Name: Thomas A. Ficht, Ph.D.

Phone: 845-4118 Email address: tficht@cvm.tamu.edu

Amount supplied and concentration: 1 container containing 10¹² organisms of each strain

Date transferred: 4/1/02

Name of Recipient: Renee M. Tsolis, Ph.D.

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

3. Recipient:

Name: Renee M. Tsolis, Ph.D.

Phone: 458-0778 Email address: rtsolis@medicine.tamu.edu

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored ' _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472, or FAX 5-1348.

4. Date depleted or destroyed: _____

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records.

1. Name of Select Agent:

Brucella abortus

2. Transferor:

Name: Thomas Ficht

Phone: 845-4118 Email address: _____

Amount supplied and concentration: 2ml 1x10⁹cfu/ml

Date transferred: 3-22-02

Name of Recipient: Donald S. Davis

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472.

3. Recipient:

Name: Donald S. Davis

Phone: 845-5174 Email address: ddavis@cvm.tamu.edu

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472.

4. Date depleted or destroyed: 3/23/02

Attn: Ginger Brown

TAMU Intrafacility Select Agent Transfer Form

Transferor completes boxes 1 and 2 when transferring any amount of a select agent to another PI at TAMU. Give the original to the Recipient, keep a copy for your records.

1. Name of Select Agent:

Brucella abortus strain 2308

2. Transferor:

Name: Thomas Ficht

Phone: 845-4118 Email address: tficht@cnm.tamu.edu

Amount supplied and concentration: 1 ml 1×10^9 cfu/ml

Date transferred: 2/24/02

Name of Recipient: Donald S. Davis

Recipient completes box 3 as soon as the agent is received. Keep the original for your records and send a copy to Ginger Brown, EHSD, Mail Stop 4472.

3. Recipient:

Name: Donald S. Davis

Phone: 845-5177 Email address: ddavis@cnm.tamu.edu

Bldg/ room where select agent will be used _____

Bldg/ room where select agent will be stored _____

Recipient completes box 4 when the agent is depleted or destroyed. Keep the original for your records. Send a copy to Ginger Brown, EHSD, Mail Stop 4472.

4. Date depleted or destroyed: 2/26/02

AUG-17-98 03:22 From: CDC/DHS

+4046390880

T-420 P.03/03 Job-866

JRM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F0A, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Brucella abortus

Toxin:

Recombinant organisms/molecules: Transposon Tn5 mutant of B. abortus

Use: Research Diagnosics Production Other

2 Requestor (receiver) Information 19980710-629

Facility Registration Number

Dr. Richard Essenberg

Richard C Essenberg

405-744-6193/744-7788

Requestor Name (print)

Signature

Phone/FAX

Dr. Thomas Collins

Thomas Collins

405-744-7076/405-744-6244

Responsible Facility Official Name (print) Signature

Phone/FAX

3 Transferor (sender) Information 19980817-633

Facility Registration Number

Dr. Thomas Ficht

Thomas Ficht

979-845-4185/862-1088

Transferor Name (print)

Signature

Phone/Fax

Virginia Brown

Virginia Brown

979-862-4038 / 979-845-1348

Responsible Facility Official Name (print) Signature

Phone/Fax

4 Shipping Information

Amount per primary receptacle: 10¹³ CFU

Number of primary receptacles per outer package 1

Number of outer packages 1

Date agent shipped: 10/25/00 Date agent received: 11/26/00

5 Select Agent Supply Depleted or Destroyed Date 1/1

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 DHS Reports Clearance Officer, Paperwork Reduction Project (0920-0198), Rm 531 M. M. Humphrey Bldg. 200 Independence Ave. SW, Washington, D.C.

Keep

**Office of Health and Safety / Biosafety Branch
Laboratory Registration and Select Agent Transfer Program**



July 10, 1998

To: Dr. Thomas Collins, Vice President for Research

Re: Registration of facility as required under 42 CFR Part 72.6 (Additional Requirements for Facilities Transferring or Receiving Select Agents)

We have reviewed the application for registration for the facility listed below. Based on the information provided in that application, the facility meets requirements for registration listed in 42 CFR 72.6.

All registered facilities are subject to inspection sometime during the 3 year registration period.

All transfers of select agents under this regulation must be documented on form EA-101. A supply of EA-101s and instructions for use accompany this letter. You may photocopy the EA-101 as necessary.

You must inform CDC if any of the following change during the registration period:

Responsible Facility Official

Addition or deletion of select agents your facility intends to transfer or receive

If you add select agents and this results in addition of laboratories or principal investigators we may request additional information. However, there will be no additional site registration fee required during the 3 year registration period.

Please call 404-639-4418 or fax 404-639-0880 to notify us of changes or if you have questions regarding this registration.

**Mark L. Hemphill, M.S.
Office of Health and Safety**

Facility Name: Oklahoma State University

**Address: Board of Regents for Oklahoma State University & Agricultural
& Mechanical Colleges
220 Student Union Building
Stillwater, OK 74078**

Responsible Facility Official: Dr. Thomas Collins

Period of Registration: 07/10/1998 to 07/10/2001

Registration Number: 19980710-629

Vice President for Research

JUL 14 1998

Dean of the Graduate College

OKLAHOMA STATE UNIVERSITY

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Tom Ficht & Renee Tsois	Richard C. Essenberg
COMPANY:	DATE:
Vet Pathology, TAMU	10/27/00
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
979-862-4402	2
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:
Brucella strain	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

The strain has arrived in good order. Here is the dated EA-101, which might still be readable after all the FAXes.

DEPT. OF BIOCHEMISTRY AND MOLECULAR BIOLOGY
STILLWATER, OK
405-744-6193

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mallstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-3236.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: Toxin: Recombinant organisms/molecules: Use: Research <input checked="" type="checkbox"/> Diagnostic <input checked="" type="checkbox"/> Production <input type="checkbox"/> Other <input type="checkbox"/>	
2 Requestor (receiver) Information <u>19980219-603</u> Facility Registration Number <u>Jac Shaw</u> <u>[Signature]</u> <u>570/941-6353</u> , <u>570-941-6229</u> Requestor Name (print) Signature Phone/FAX <u>Vito C. DelVecchio</u> <u>[Signature]</u> <u>570-941-6353/941-6229</u> Responsible Facility Official Name (print) Signature Phone/FAX	
3 Transferor (sender) Information <u>19980817-633</u> Facility Registration Number <u>Thomas A. Ficht</u> <u>[Signature]</u> <u>(409) 845-4118</u> Transferor Name (print) Signature Phone/Fax <u>Virginia R. Brown</u> <u>[Signature]</u> <u>(409) 862-4038 FAX</u> Responsible Facility Official Name (print) Signature Phone/Fax <u>(409) 845-1348</u>	
4 Shipping Information Amount per primary receptacle: <u>less than 5 ml</u> Number of primary receptacles per outer package <u>6</u> Number of outer packages <u>1</u> Date agent shipped: <u>4/22/99</u> Date agent received: <u>4/26/99</u>	
5 Select Agent Supply Depleted or Destroyed Date <u> / / </u>	

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties. Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 531 H, H.H. Humphrey Bldg. 200 Independence Ave. SW, Washington, D.C.

SENT BY:

2-17-98 : 9:51AM : U OF WISCONSIN AHABS-

409 862 1088: # 2/ 3

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 724. Additional Requirements For Facilities Transferring or Receiving Select Agents

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferee.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must view date in block 4 and FAX/forward to CDC.

* Laboratory Registration and Select Agent Transfer Activity, HHS/OPD, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-399-0224

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u>Bacillus anthracis</u> Taxin: Recombinant organism/molecule: Use: <u>Research</u> <u>Diagnosis</u> <u>Production</u> <u>Other</u>		
2 Requestor (receiver) Information <u>19970620-365</u> Facility Registration Number <u>Gary Solter</u> <u>Gary Solter</u> <u>(608) 262-1837 / (608) 262-7420</u> Requestor Name (print) Signature Phone/FAX <u>Jan Klein</u> <u>Jan Klein</u> <u>608 263 9026 (262-9059)</u> Responsible Facility Official Name (print) Signature Phone/FAX for J. Kowalski		
3 Transferor (sender) Information <u>19980817-633</u> Facility Registration Number <u>Thomas Ficht</u> <u>Thomas Ficht</u> <u>(409) 845-4118</u> Transferor Name (print) Signature Phone/FAX <u>Virginia Brown</u> <u>Virginia Brown</u> <u>(409) 862-4038 / (409) 845-1348</u> Responsible Facility Official Name (print) Signature Phone/FAX		
4 Shipping Information Amount per primary receptacle: <u>1x10" cfu</u> Number of primary receptacles per outer package: <u>1</u> Number of outer packages: <u>1</u> Date agent shipped: <u>2/13/99</u> Date agent received: <u>3/5/99</u>		
5 Select Agent Supply Depleted or Destroyed Date <u>---</u>		

Forward shipping requirements both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 724(d)(2) for requirements.

Penalties: Knowingly providing false information on any part of this form or its attachment will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (42 USC Section 1421). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public Reporting Burden: Public reporting burden of this collection of information is estimated to average 30 minutes per response for collection of information, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the data needed 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 DHD-018, Paperwork Reduction Project (0950-0189) from the U.S. GPO, Washington, D.C.

To: Thomas Ficht
From: "Gary A. Splitter" <Splitter@ahabs.wisc.edu>
Subject: Re: Cyd Mutants
CC:
Date Sent: Tuesday, April 6, 1999 3:54 PM

Tom,
I forgot to notify you that we have received the *Brucella abortus* mutants that you sent us. They are growing and will be used in gene deletion animals as we had discussed previously. I will keep you posted as the results are obtained. Would you please pass this information on to Page as requested. Is this form of written acknowledgement acceptable?
The Best,
Gary

03/02/99 16:28
SENT BY:

409 862 1088

VTPB RES. BLDG.

2-17-99 : 9:52AM ; U OF WISCONSIN AHABS-

409 862 1088:# 3/ 3 004

CDC

CENTERS FOR DISEASE CONTROL
AND PREVENTION

Date: 06/20/1997
To: JOSEPH A KANABROCKI
Re: Registration of facility as required under 42 CFR 72.6 (Additional
Requirements for Facilities Transferring or Receiving Select Agents)

We have reviewed the application for registration for the facility listed below. Based on the information provided in that application, the facility meets requirements for registration listed in 42 CFR 72.6.

All registered facilities are subject to inspection sometime during the 3 year registration period.

All transfers of select agents under this regulation must be documented on form EA101. A supply of EA101s and instructions for use accompany this letter. You may photocopy the EA101 as necessary.

You must inform CDC if any of the following change during the registration period:

Responsible Facility Official

Addition or deletion of select agents your facility intends to transfer or receive

If you add select agents and this results in addition of laboratories or principal investigators we may request additional information. However, there will be no additional site registration fee required during the 3 year registration period.

Please call 404-639-3236 or fax 404-639-3236 to notify us of changes or if you have questions regarding this registration.


Margaret Tipples, MD

Office of Health and Safety

Facility Name: UNIVERSITY OF WISCONSIN - MADISON
Address: 181 EASCOM HALL
500 LINCOLN DRIVE
MADISON, WI 53706

Responsible Facility Official: JOSEPH A KANABROCKI

Period of Registration: 06/20/1997 06/20/2000

Registration Number: 18970620-366

1 1330

B		U.S. DEPARTMENT OF COMMERCE Bureau of Export Administration		DATE RECEIVED (Leave Blank)	
FORM BXA-748P —FORM APPROVED: OMB NO. 0694-0088, 0694-0089		MULTIPURPOSE APPLICATION			
CONTACT PERSON Virginia Brown 2. TELEPHONE (409) 845-2132 (409) 845-1348		Information furnished herewith is subject to the provisions of Section 12(c) of the Export Administration Act of 1979, as amended, 50 U.S.C. app. 2411(c), and its unauthorized disclosure is prohibited by law. APPLICATION CONTROL NUMBER Z161330 This is NOT an export license number.		4. DATE OF APPLICATION 1/26/99	
5. TYPE OF APPLICATION		6. DOCUMENTS SUBMITTED WITH APPLICATION		7. DOCUMENTS ON FILE WITH APPLICANT	
<input checked="" type="checkbox"/> EXPORT <input type="checkbox"/> REEXPORT <input type="checkbox"/> CLASSIFICATION REQUEST <input type="checkbox"/> SPECIAL COMPREHENSIVE LICENSE <input type="checkbox"/> OTHER		<input type="checkbox"/> BXA-748P-A <input type="checkbox"/> BXA-748P-B <input type="checkbox"/> BXA-711 <input type="checkbox"/> IMPORT/END-USER CERTIFICATE <input type="checkbox"/> TECH. SPECS.		<input type="checkbox"/> BXA-711 <input type="checkbox"/> LETTER OF ASSURANCE <input type="checkbox"/> IMPORT/END-USER CERTIFICATE <input type="checkbox"/> NUCLEAR CERTIFICATION <input type="checkbox"/> OTHER	
8. SPECIAL PURPOSE		8. SPECIAL COMPREHENSIVE LICENSE		<input type="checkbox"/> BXA-752 OR BXA-752-A <input type="checkbox"/> INTERNAL CONTROL PROGRAM <input type="checkbox"/> COMPREHENSIVE NARRATIVE <input type="checkbox"/> CERTIFICATIONS <input type="checkbox"/> OTHER	
10. RESUBMISSION APPLICATION CONTROL NUMBER		11. REPLACEMENT LICENSE NUMBER		12. FOR ITEM(S) PREVIOUSLY EXPORTED, PROVIDE LICENSE EXCEPTION SYMBOL OR LICENSE NUMBER	
13. IMPORT/END-USER CERTIFICATE COUNTRY:		NUMBER:			
14. APPLICANT Health & Safety Office Texas A&M University		15. OTHER PARTY AUTHORIZED TO RECEIVE LICENSE T. Ficht/L. Carry Adams			
ADDRESS LINE 1		ADDRESS LINE 1		ADDRESS LINE 2	
CITY College Station		CITY College Station		POSTAL CODE 77843-4467	
STATE/COUNTRY TX/USA		STATE/COUNTRY TX/USA		TELEPHONE OR FAX	
16. PURCHASER		17. INTERMEDIATE CONSIGNEE			
ADDRESS LINE 1		ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 2		ADDRESS LINE 2		CITY	
CITY		CITY		POSTAL CODE	
COUNTRY		COUNTRY		TELEPHONE OR FAX	
18. ULTIMATE CONSIGNEE Dr. L. Prozesky, Programme Manager Vaccines		19. END-USER Dr. D.W. Verwoerd, Director			
ADDRESS LINE 1		ADDRESS LINE 1		ADDRESS LINE 2	
CITY Orderstepoort Veterinary Institute		CITY Orderstepoort Veterinary Institute		POSTAL CODE Private Bag X5	
STATE/COUNTRY Republic of South Africa		STATE/COUNTRY Republic of South Africa		TELEPHONE OR FAX (012) 529-9111	
16. PURCHASER		17. INTERMEDIATE CONSIGNEE			
ADDRESS LINE 1		ADDRESS LINE 1		ADDRESS LINE 2	
ADDRESS LINE 2		ADDRESS LINE 2		CITY	
CITY		CITY		POSTAL CODE	
COUNTRY		COUNTRY		TELEPHONE OR FAX	
20. ORIGINAL ULTIMATE CONSIGNEE Dr. D.W. Verwoerd, Dept. Head		21. SPECIFIC END-USE Bovine vaccine trials to determine level of protection against infection and abortion			
ADDRESS LINE 1		ADDRESS LINE 1		ADDRESS LINE 2	
CITY Orderstepoort 0110		CITY Orderstepoort 0110		POSTAL CODE Private Bag X5	
STATE/COUNTRY Republic of South Africa		STATE/COUNTRY Republic of South Africa		TELEPHONE OR FAX (012) 529-9111	
22. (a) ECOCN TC351		22. (b) CTP N/A		22. (c) MODEL NUMBER N/A	
CITY Orderstepoort 0110		CITY Orderstepoort 0110		POSTAL CODE Private Bag X5	
STATE/COUNTRY Republic of South Africa		STATE/COUNTRY Republic of South Africa		TELEPHONE OR FAX (012) 529-9111	
23. TOTAL APPLICATION DOLLAR VALUE		23. TOTAL APPLICATION DOLLAR VALUE		23. TOTAL APPLICATION DOLLAR VALUE	

MULTIPURPOSE APPLICATION FORM

GENERAL INSTRUCTIONS

A. USE OF THIS FORM. Use this form to submit either a Classification request or an application for a license to Export or Reexport items subject to the export licensing authority of the U. S. Department of Commerce.

B. WHO MAY APPLY. Anyone may submit a classification request or a license application for the reexport of commodities, software, or technology. License applications for the export of items from the United States may be made only by a person subject to the jurisdiction of the United States. An application may be made on behalf of a person not subject to the jurisdiction of the United States by an authorized agent in the United States. Refer to §748.5 of the Export Administration Regulations (EAR) for additional information.

C. WHAT TO SUBMIT. Consult part 748 of the EAR for instructions on documentation that you may need to submit with your application. Remove this cover page along with the last page of this application and firmly attach any required support documentation. (Do not separate the remaining pages in this package and note Application Control Number on all attached support documents.) This last page contains your Application Control Number, necessary to track your application during processing at the Bureau of Export Administration (BXA). Refer to §750.5 of the EAR for additional information on these services.

D. DUPLICATE APPLICATIONS. You may not submit a second application for a license covering the same proposed transaction while your first application is pending with BXA.

E. ASSISTANCE AND ADDITIONAL COPIES. To order small quantities of this form, or to request assistance on this or other export control matters, contact Exporter Counseling Division on (202) 482-4811 or BXA's Western Regional Office in Newport Beach, California on (714) 660-0144 or Santa Clara, California on (408) 748-7450. Copies may also be obtained from any U.S. Department of Commerce, International Trade Administration District Office. To order large quantities of this form, write BXA's Operations Support Division, P.O. Box 273, Washington, D.C. 20044, or telephone (202) 482-3332.

F. COMPLIANCE WITH THE EAR. Additional information necessary to properly complete and file this application is contained in the EAR, codified at 15 CFR 731 seq, with changes published in the Federal Register. BXA also publishes a looseleaf version of the EAR, with changes issued in the form of supplements titled Export Administration Bulletins and offers the EAR on-line. If you wish to subscribe to the print or electronic version of the EAR, contact the Department of Commerce National Technical Information Service at 5285 Port Royal Road, Springfield, VA 22161; or by telephone during the hours of 8:30 a.m.-5:00 p.m., Eastern Standard Time, Monday through Friday on (703) 487-4630; or facsimile 24 hours a day/7 days a week on (703) 321-8547.

SPECIFIC INSTRUCTIONS

This application will be processed using an Optical Character Recognition (OCR) System. Type using 10 or 12 pitch. Do not use script type faces. Information must be placed within the space provided. Do not go through or outside lines. Failure to complete the form as requested will significantly delay processing of the form and could result in the return of your application. If a Block or Box does not apply to your application, leave it blank.

All information must be legibly typed within the lines for each Block or Box except where a signature is required. Enter only one typed line of text per block or line. Where there is a choice of entering telephone numbers or facsimile numbers, and you wish to provide a facsimile number instead of a telephone number, identify the facsimile number with the letter "F" immediately after the number (e.g., 011-358-0-123456F).

If you are completing this form to request classification of your item, you must complete Blocks 1 through 5, 14, 22(a), (b), (c), (d), and (f), 24 and 25 or:

- Block 1: **CONTACT PERSON.** Enter the name of the person who can answer questions concerning the application.
- Block 2: **TELEPHONE.** Enter the telephone number of the person who can answer questions concerning the application.
- Block 3: **FACSIMILE.** Enter the facsimile number, if available, of the person who can answer questions concerning the application.
- Block 4: **DATE OF APPLICATION.** Enter the current date.
- Block 5: **TYPE OF APPLICATION, Export.** If the items are located within the United States, and you wish to export those items, mark the Box labeled "Export" with an (X). **Reexport.** If the items are located outside the United States, mark the Box labeled "Reexport" with an (X). **Classification.** If you are requesting BXA to classify your item against the Commerce Control List (CCL), mark the Box labeled "Classification Request" with an (X). **Special Comprehensive License.** If you are submitting a Special Comprehensive License in accordance with procedures described in part 752 of the EAR, mark the Box labeled "Special Comprehensive License" with an (X).
- Block 6: **DOCUMENTS SUBMITTED WITH APPLICATION.** Review the documentation you are required to submit with your application in accordance with the provisions of part 748 of the EAR, and mark all applicable Boxes with an (X).
- Block 7: **Mark the "Foreign Availability" Box with an (X) if you are submitting an assertion of foreign availability with your license application. See part 768 of the EAR for instructions on foreign availability submissions.**
- Block 8: **Mark the "Tech. Specs." Box with an (X) if you are submitting descriptive literature, brochures, technical specifications, etc. with your application.**
- Block 9: **DOCUMENTS ON FILE WITH APPLICANT.** Certify that you have retained on file all applicable documents as required by the provisions of part 748 of the EAR by placing an (X) in the appropriate Box(es).
- Block 10: **SPECIAL COMPREHENSIVE LICENSE.** Complete this Block only if you are submitting an application for a Special Comprehensive License in accordance with part 752 of the EAR.
- Block 11: **SPECIAL PURPOSE.** Complete this Block for certain items or types of transactions only if specifically required in Supplement No. 2 to part 748 of the EAR.

Block 10: RESUBMISSION APPLICATION CONTROL NUMBER. If your original application was returned without action (RWA), provide the Application Control Number and complete Blocks 1 through 25. This does not apply to applications returned for additional information.

Block 11: REPLACEMENT LICENSE NUMBER. If you have received a license for identical items to the same ultimate consignee, but would like to make

- Block 17: INTERMEDIATE CONSIGNEE.** Enter the intermediate consignee's name, street address, city, country, postal code and telephone or facsimile number. Refer to §748.5(d) of the EAR for a definition of "intermediate consignee". If this party is identical to that listed in Block 16, enter complete name and address if your proposed transaction involves use of more than one intermediate consignee, provide the same information in Block 24 for each additional intermediate consignee.
- Block 18: ULTIMATE CONSIGNEE.** This Block must be completed if you are submitting a license application. Enter the ultimate consignee's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. **P.O. Boxes are not acceptable.** The ultimate consignee is the party who will actually receive the material for the end-use designated in Block 21. Refer to §748.5(e) of the EAR for the definition of "ultimate consignee". A bank, freight forwarder, forwarding agent, or other intermediary may not be identified as the ultimate consignee. Government purchasing organizations are the sole exception to this requirement. This type of entity may be identified as the government entity that is the actual ultimate consignee in those instances when the items are to be transferred to a government entity that is the actual end-user, provided the actual end-use and entity user is clearly identified in Block 21 or in additional documentation attached to the application.
- If your application is for the reexport of items previously exported, enter the new ultimate consignee's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable. If your application involves a temporary export or reexport, the applicant should be shown as the ultimate consignee in care of (i.e./C/O) a person or entity who will have control over the items abroad.
- Block 19: END-USER.** Complete this Block only if the ultimate consignee identified in Block 18 is not the actual end user. If there will be more than one end-user, use Form BXA-748-P-B to identify each additional end-user. Enter each end-user's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable.
- Block 20: ORIGINAL ULTIMATE CONSIGNEE.** If your application involves the reexport of items previously exported, enter the original ultimate consignee's complete name, street address, city, country, postal code and telephone or facsimile number. Provide a complete street address. P.O. Boxes are not acceptable. The original ultimate consignee is the entity identified in the original application for export as the ultimate consignee or the party currently in possession of the items.
- Block 21: SPECIFIC END-USE** This Block must be completed if you are submitting a license application. Provide a complete and detailed description of the end-use intended by the ultimate consignee and/or end-user(s). If you are requesting approval of a reexport, provide a complete and detailed description of the end-use intended by the new ultimate consignee or end-user(s) and indicate any other countries for which resale or reexport is requested. If additional space is necessary, use Block 21 on Form BXA-748P-A or B. Be specific. Such vague descriptions as "research", "manufacturing", or "scientific uses" are not acceptable.
- Block 22: FOR A LICENSE APPLICATION YOU MUST COMPLETE EACH OF THE SUB-BLOCKS CONTAINED IN THIS BLOCK.** If you are submitting a classification request, you need not complete Blocks (e), (f), (g), and (h). If you wish to export, reexport or have BXA classify more than one item, use Form BXA-748P-A for additional items.
- (a) ECCN. Enter the Export Control Classification Number (ECCN) that corresponds to the item you wish to export or reexport. If you are asking BXA to classify your item, provide a recommended classification for the item in this Block.
- (b) CTP. You must complete this Block if your application involves a digital computer or equipment containing a digital computer as described in Supplement No. 2 to part 748 of the EAR. Instructions on calculating the CTP are contained in a Technical Note at the end of Category 4 in the CCL.
- (c) MODEL NUMBER. Enter the correct model number for the item.
- (d) CCATS NUMBER. If you have received a classification for this item from BXA, provide the CCATS number, shown on the classification issued by BXA.
- (e) QUANTITY. Identify the quantity to be exported or reexported, in terms of the "Unit" identified for the ECCN entered in Block 22(a). If the "Unit" for an item is "\$ Value", enter the units commonly used in trade.
- (f) UNITS. The "Unit of Measure" paragraph within each ECCN will list a specific "Unit" for those items controlled by the entry. The "Unit" must be entered on all license applications submitted to BXA. If an item is licensed in terms of "\$ Value", the unit of quantity commonly used in the trade must also be shown on the license application. This may be left blank on license applications only if the "Unit" for the ECCN entered in Block 22(a) is shown as "N/A" on the CCL.
- (g) UNIT PRICE. Provide the fair market value of the items you wish to export or reexport. Round all prices to the nearest whole dollar amount. Give the exact unit price only if the value is less than \$0.50. If normal trade practices make it impractical to establish a firm contract price, state in Block 24 the precise items upon which the price is to be ascertained and from which the contract price may be objectively determined.
- (h) TOTAL PRICE. Provide the total price of the item(s) described in Block 22(j).
- (i) MANUFACTURER. Provide the name only of the manufacturer, if known, for each of the items you wish to export, reexport, or have BXA classify, if different from the applicant.
- (j) TECHNICAL DESCRIPTION. Provide a description of the item(s) you wish to export, reexport, or have BXA classify. Provide details when necessary to identify the specific item(s), and include all characteristics or parameters shown in the applicable ECCN using measurements identified in the ECCN (e.g., basic ingredients, composition, electrical parameters, size gauge, grade, horsepower, etc.). These characteristics must be identified for the items in the proposed transaction when they are different from the characteristics described in a promotional brochure.
- Block 23: TOTAL APPLICATION VALUE.** Enter the total value of all items contained on the application in U.S. Dollars. The use of other currencies is not acceptable.
- Block 24: ADDITIONAL INFORMATION.** Enter additional data pertinent to the application as required in the EAR. Include special certifications, names of parties in interest not disclosed elsewhere, explanation of documents attached, etc. Do not include information concerning Block 22 in this space.
- If your application represents a previously denied application, you must provide the Application Control Number from the original application.
- If you are asking BXA to classify your product, use this space to explain why you believe the ECCN entered in Block 22(a) is appropriate. This explanation must contain an analysis of the item in terms of the technical control parameters specified in the appropriate ECCN. If you have not identified a recommended classification in Block 22(a), you must state the reason you cannot determine the appropriate classification, identifying any ambiguities or deficiencies in the regulations that precluded you from determining the correct classification.
- If additional space is necessary, use Block 24 on Form BXA-748P-A or B.
- Block 25: SIGNATURE.** You as the applicant, or a duly authorized agent of the applicant, must manually sign in this Block. Rubber-stamped or automated signatures are not acceptable. If you are an agent of the applicant, in addition to providing your name in this Block you must enter your company's name in Block 24. Type both your name and title in the space provided.

To: tficht@cvm.tamu.edu
From: Ginger Brown <gingerbrown@tamu.edu>
Subject: License
Cc:
Bcc:
Attached:

Tom--
All Dr. Doug Brown needed in the quantity box was "3 vials".

The Office of Export Services in the Dep't of Commerce has assigned this license number for your application: D259868.

You are authorized to ship your seed stock to the end user specified on the application, but you must inform the recipient of the following conditions:

1. the material cannot be used for chemical or biological weaponry
2. the recipient cannot sell it or transfer it to any other party.

I talked to Juan Consuegra yesterday and told him that the DOC was finally moving on your application approval. He just stressed the need to be sure that everything was approved and documented before we ship.

Ginger

URGENT
A.M.
P.M.

To: Ginger
Date: 2/19/99 Time: 9:08

WHILE YOU WERE OUT

From: Doug Brown
Of: Dept. Commerce of Washington DC
Phone: 202 482-5808
Area Code Number Ext

Telephoned		Please call	
Came to see you		Wants to see you	
Returned your call		Will call again	

Message: License #161330

Signed: [Signature]

Notes

3/24/99 Doug Brown:

I can ship what we specified in the application
Will inform parties (So. Africans)
of conditions:

- ① no chemical or bio weapons use
- ② can only ship it to end user
cannot sell it or transfer it

Doug will sign, then counter-signed today.

Tomorrow, I need to call 202/482-4811
Office of Export Services
they'll give verbal authorization
& the license # 259868

3/25 9 a.m. not counter signed yet

9:15 Doug Brown said he needs a volume in box 22(e)

Tam F 10am → 1×10^{10} cfus 3 vials

reconstituted @ 10 ml/vial

10:05 Doug just needs to know 3 vials. He will walk
it right over to be counter signed & I can call
tomorrow morning for the license number. If
anything goes wrong, he'll call me back today.

To: Thomas Ficht
From: "Leon Prozesky" <leon@moon.ovi.ac.za>
Subject: Re: Agreement
CC:
Date Sent: Thursday, May 6, 1999 4:07 PM

Dear Tom

It gives me great pleasure to inform you that the BruVac has arrived safely.

Thanks for all your trouble, it is highly appreciated.

I am currently planning a project to test the vaccine locally, without re-inventing the wheel, and will come back to you as soon as possible.

Regards

Leon Prozesky

**TEXAS VETERINARY MEDICAL CENTER
COLLEGE OF VETERINARY MEDICINE
TEXAS A&M UNIVERSITY
COLLEGE STATION, TEXAS 77843-4467**

Department of
VETERINARY PATHOBIOLOGY

Tel.: 409-862-4402
Fax: 409-862-1088

Fax Cover Sheet

To: *Laboratory Registration*
Select Agent Transfer Activity

Company Name: *Centers for Disease Control*

Fax Number: *(404) 639-3236*

From: *Dr. Thomas A. Ficht*

Description: *Form EA101: Transfer of Select Agent*

Number of pages (including cover): 2

Date sent: 10/16/98

Time sent: 4:45 p.m.

If there are any problems receiving this transmission please call
Paige Franks at (409)862-4402.

FORM EA 101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC*.

* Laboratory Registration/Select Agent Transfer Activity, Mailstop P05, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-636-3236.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u>BRUCELLA abortus</u> Toxin: Recombinant organisms/molecules: Use: Research <input checked="" type="checkbox"/> Diagnostics <input type="checkbox"/> Production <input type="checkbox"/> Other <input type="checkbox"/>		
2 Requestor (receiver) Information <u>19970620-365</u> Facility Registration Number <u>Gary Splitter</u> <u>Gary Splitter</u> <u>608-262-1837 (262-7420)</u> Requestor Name (print) Signature Phone/FAX <u>Jan Klein</u> <u>Jan Klein</u> <u>608 263 9026 (262-9059)</u> Responsible Facility Official Name (print) Signature Phone/FAX for J. Kanski		
3 Transferor (sender) Information <u>19980817-633</u> Facility Registration Number <u>Tom Ficht</u> <u>Thomas Ficht</u> <u>409-845-4118 (862-1088)</u> Transferor Name (print) Signature Phone/Fax <u>Virginia Brown</u> <u>Virginia Brown</u> <u>409/862-4088 (FAX 409/845-1548)</u> Responsible Facility Official Name (print) Signature Phone/Fax		
4 Shipping Information Amount per primary receptacle: <u>6 x 10⁸ cfu</u> Number of primary receptacles per outer package: <u>(1)</u> Number of outer packages: <u>(1)</u> Date agent shipped: <u>10/13/98</u> Date agent received: <u>10/16/98</u>		
5 Select Agent Supply Depleted or Destroyed Date <u>1/1</u>		

Record Keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Officer, Paperwork Reduction Project (0520-0186), Rm 501 H, H.H. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

CDCCENTERS FOR DISEASE CONTROL
AND PREVENTION

Date: 06/20/1997

To: JOSEPH A KANABROCKI

Re: Registration of facility as required under 42 CFR 72.6 (Additional
Requirements for Facilities Transferring or Receiving Select Agents)

We have reviewed the application for registration for the facility listed below. Based on the information provided in that application, the facility meets requirements for registration listed in 42 CFR 72.6.

All registered facilities are subject to inspection sometime during the 3 year registration period.

All transfers of select agents under this regulation must be documented on form EA101. A supply of EA101s and instructions for use accompany this letter. You may photocopy the EA101 as necessary.

You must inform CDC if any of the following change during the registration period:

Responsible Facility Official

Addition or deletion of select agents your facility intends to transfer or receive

If you add select agents and this results in addition of laboratories or principal investigators we may request additional information. However, there will be no additional site registration fee required during the 3 year registration period.

Please call 404-639-3235 or fax 404-639-3236 to notify us of changes or if you have questions regarding this registration.


Margaret Tipples, MD

Office of Health and Safety

Facility Name: UNIVERSITY OF WISCONSIN - MADISON

Address: 181 BASCOM HALL
500 LINCOLN DRIVE
MADISON, WI 53706-

Responsible Facility Official: JOSEPH A KANABROCKI

Period of Registration: 06/20/1997 06/20/2000

Registration Number: 18970620-366

PERSON (Company) TAMU DEPT OF PATHOBIOLOGY Street Address: WEST RES TOWER RM 110 HWY 60 City: COLLEGE STATION State: TX ZIP CODE (Required): 77843 Sent by (Name/Dept): Dr. Thomas Ficht Phone Number: 409-862-4402 To (Company/UNIV, Wisconsin - Madri, San Animal Health & Biomedical Sciences		Recipient Form No. 56714667 Origin ALL Altitude 5282837324 Method of Payment: <input checked="" type="checkbox"/> Bill <input type="checkbox"/> Bill <input type="checkbox"/> Bill Amount: 133523080 Account Number: 20100450 Billing Reference and Applicable Invoice:	
Street Address: 1655 Linden Dr. City: Waco State: TX ZIP CODE (Required): 76706-1581 Recipient Name: Medi Ben Phone Number (if person): Attention (Name/Dept): Gary Spilker (608) 262-1837		NO. OF PAGES: 7 ASSISTANT: <input type="checkbox"/> CHECK IF: <input type="checkbox"/> LETTER <input type="checkbox"/> FAX Special Instructions: <input type="checkbox"/> Building Delivery <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Fragile <input type="checkbox"/> Lab Pack <input type="checkbox"/> Shipments Valuation <input type="checkbox"/> Airborne <input type="checkbox"/> Restricted <input type="checkbox"/> Valuable <input type="checkbox"/> M <input type="checkbox"/> 1	
Description: Bucella Sender's Signature: <i>[Signature]</i> Date: 10/12/98 Airborne Signature: <i>[Signature]</i> Date:		Service Type: <input checked="" type="checkbox"/> EXPRESS (150 min) Next Business Day (Early AM) Next Business Day (Early PM) Next Business Day (Early PM) Next Business Day (Early PM) Next Business Day (Early PM)	

AIRBORNE EXPRESS
 PO BOX 602, SEATTLE, WA 98101-1002
 1-800-847-2878

To: Thomas Ficht
From: "Gary A. Splitter" <Splitter@ahabs.wisc.edu>
Subject: Re: Cyd Mutants
CC:
Date Sent: Thursday, February 4, 1999 4:05 PM

Tom,

As you know, we received the first shipment of Brucella mutants. The cyd mutant failed to grow but the second mutant, i.e., calcium binding protein mutant, is established in the lab. In the near future, we will be using the calcium binding protein mutant in IL-12 knockout mice to evaluate immune response. I will initiate the form request from our biosafety office to once again request the cyd mutant. Tom, will this e-mail serve as an acknowledgement of receipt?

The Best,
Gary

I am still awaiting the CDC forms requesting shipment of the mutant. I need this in order to start it going. Although this may go away shortly I still think I require this to send you the strains.

COuld you help us out by sending (or resending) your acknowledgement of receipt of the first shipment. I need this for internal paperwork,

Thanks

Tom

Thomas A. Ficht
Professor
Veterinary Pathobiology
College of Veterinary Medicine
College Station, TX 77843-4467
(409) 845-4118 ph
(409) 862-1088 fax



**REPORT OF TRANSFER OF SELECT BIOLOGICAL
 AGENTS AND TOXINS**



INSTRUCTIONS FOR COMPLETING THIS FORM

- 1. RECIPIENT:** Complete blocks 1 and 2 and forward to Sender.
- 2. SENDER:** Fill out block 3 and FAX the form to CDC or APHIS to receive confirmation that the recipient is registered to receive requested material. CDC or APHIS will then FAX the form, if approved, to the Sender with a CDC or APHIS confirmation number. Sender should then complete block 4, except for date shipment received and send a copy of this form with the shipment to the Recipient.
- 3. RECIPIENT:** Complete date received in Block 4. FAX or mail a copy of this form to the sender and to either CDC* or APHIS**.
- 4. WHEN THE SELECT AGENT IS DEPLETED OR DESTROYED:** The RO of the recipient's entity should complete appropriate boxes of Block 4 within 5 business days of the select agent being depleted or destroyed. A copy of the form must be mailed or faxed to the CDC or APHIS.

*CDC: Select Agent Program, Mailstop E-79, 1600 Clifton Rd NE, Atlanta, GA 30333; FAX: (404) 498-2265.

**APHIS: For animal agents/toxins: National Center for Import and Export, VS, APHIS, 4700 River Road Unit 40, Riverdale, MD 20737-1231; FAX: (301) 734-3277. For plant agents/toxins: Biological and Technical Services, PPQ, APHIS, 4700 River Road Unit 133, Riverdale, MD 20737-1236; FAX: (301) 734-8700.

1 - RECIPIENT (REQUESTOR) INFORMATION			
Entity name <u>Texas A&M University HSC</u>		Entity registration # <u>19980817-633</u>	
Recipient name registered with CDC (principal investigator/lab supervisor) Print: <u>James Samuel</u> Signature: <i>[Signature]</i>		Date <u>6/14/04</u>	Phone <u>979-862-1683</u> FAX <u>979-845-3479</u>
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____		Date	Phone FAX
Responsible Official name Print: <u>Brent Mattox</u> Signature: <i>[Signature]</i>		Date <u>6/14/04</u>	Phone <u>979-845-2132</u> FAX <u>979-845-1348</u>

23-0124
-3479

2 - SELECT AGENT DESCRIPTION	
Check box as appropriate (only one box per agent or toxin):	
<input type="checkbox"/> Organism: <u>Coxiella burnetii</u> Strain(s): <u>nine mile</u>	
<input type="checkbox"/> Select Agent toxin: _____ Type(s): _____	
<input type="checkbox"/> Recombinant organisms/molecules: _____ Strain(s): _____	
Proposed Use: <input type="checkbox"/> Research <input type="checkbox"/> Diagnostics <input type="checkbox"/> Production <input type="checkbox"/> Other (explain): _____	

3 - SENDER (TRANSFEROR) INFORMATION			
Entity/facility name		Entity registration # APHIS# _____ CDC# _____	<input type="checkbox"/> Importation: US PHS or APHIS Permit #
Sender name registered with CDC (principal investigator/lab supervisor) Print: _____ Signature: _____		Date	Phone FAX
Principal investigator (principal investigator/lab supervisor if different from line above) Print: _____ Signature: _____		Date	Phone FAX
Responsible Official name Print: _____ Signature: _____		Date	Phone FAX
FOR CDC/APHIS USE ONLY CDC CONFIRMATION NUMBER: _____ DATE: _____ INI: _____ APHIS CONFIRMATION NUMBER: _____ DATE: _____ INI: _____			

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.
INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.
TRANSFEROR: Complete blocks 3 and 4, including data received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX/forward to CDC*.
* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-639-0380.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Brucella abortus
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other

2 Requestor (receiver) Information

Facility Registration Number: 19990817-1633
Requestor Name (print): Thomas Ficht Signature: [Signature] Phone/FAX: (979) 845-4118 / 862-8088
Responsible Facility Official Name (print): Virginia Brown Signature: [Signature] Phone/FAX: 979/862-4035 / 979/845-1348

3 Transferor (sender) Information

Facility Registration Number: N/A - diagnostic purposes
Transferor Name (print): Rick Nabors Signature: [Signature] Phone/Fax: _____
Responsible Facility Official Name (print): [Signature] Signature: 3-22-02 Phone/Fax: 512 933044

4 Shipping Information

Amount per primary receptacle: 0.5g
Number of primary receptacles per outer package: 4
Number of outer packages: 1

Date agent shipped: 3/20/02 Date agent received: 3/20/02

5 Select Agent Supply Depleted or Destroyed Date

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6 (d)(8) for requirements.
Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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: DPHHS Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 531 H, H.H. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

State - Federal Diagnostic Laboratory
4501-B. Springdale
Austin, Texas 78723

(512) 933-0441

Fax-(512) 927-2318

FAX TRANSMITTAL

To: DR FIGHT

From: RICK NAGORS

Company: _____

Date: _____

Total number of pages including cover page: _____

Comments: _____

Ginger Brown - FW: samples

From: Tom Ficht <tficht@cvm.tamu.edu>
To: Ginger Brown <gingerbrown@tamu.edu>
Date: 3/20/02 3:34PM
Subject: FW: samples

Ginger,

I just got word of these coming in last night what would you like for me to do about the paper work. These are the diagnostic samples you just asked about. I had faxed this paper work top them, but I do not know if he brought it back. I am going to check right away.

Taf

--
Thomas A. Ficht, Ph.D.
Professor
Veterinary Pathobiology
TAMUS4467
College of Veterinary Medicine
Vet Research Bldg (Room 107)
Texas A&M University
College Station, TX 77843-4467
(979) 845-4118 ph
(979) 862-1088 fax
tficht@cvm.tamu.edu

----- Forwarded Message

> From: "Garry Adams" <gadams@cvm.tamu.edu>
> Date: Wed, 20 Mar 2002 15:11:48 -0600
> To: "Thomas Ficht" <TFICHT.GWPO.VETMED@cvm.tamu.edu>
> Cc: "Roberta Pugh" <RPUGH.GWPO.VETMED@cvm.tamu.edu>
> Subject: Fwd: samples
>
> Tom, would you collect those strains from Roberta ASAP & putting them under
> lock & key in the BL3. As you know, all are isolates from persistently
> infected cattle!!!! Mutants??? OR just super susceptible cows???? Anyway, I
> thought that they just might be very useful to the collection one day, Garry

----- End of Forwarded Message

CC: Garry Adams <GADAMS.GWPO.VETMED@cvm.tamu.edu>

From: "Kathie Henning" <KHENNING@cvm.tamu.edu>
To: "Garry Adams" <GADAMS@cvm.tamu.edu>
Date: 3/20/02 2:45PM
Subject: samples

Rick Nabors stopped by and said to tell you that he left 4 samples with Roberta. They were from 4 different animals from 4 different parts of TX. RB51

CC: "Lisa Reyes" <LReyes@cvm.tamu.edu>

EXPORT LICENSE

RWA NOTICE
CASE NUMBER: Z162273
ACTION DATE: DEC 14 2001



UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF EXPORT ADMINISTRATION
P.O. Box 273, Ben Franklin Station
Washington, DC 20044

THE REASON PRINTED BELOW EXPLAINS WHY THE REFERENCED EXPORT LICENSE APPLICATION IS (R)ETURNED (W)ITHOUT (A)CTION. WHEN AN APPLICATION HAS BEEN RETURNED WITHOUT ACTION AND IS BEING RESUBMITTED, A NEW APPLICATION FORM MUST BE SUBMITTED. WHEN A NEW FORM IS SUBMITTED, IT MUST REFERENCE THE ORIGINAL APPLICATION. THE RESUBMISSION MUST BE IN ACCORDANCE WITH THE REQUIREMENTS EXISTING AT THE TIME OF THE RESUBMISSION (SEE PARAGRAPH 748.4(G) OF THE EXPORT ADMINISTRATION REGULATIONS).

APPLICANT REFERENCE NUMBER: Z162273

APPLICANT: T388392
TEXAS A&M UNIVERSITY
C/O TEXAS A&M UNIVERSITY
HEALTH & SAFETY OFFICE
COLLEGE STATION, TX 77843-4472

CONSIGNEE IN COUNTRY OF
ULTIMATE DESTINATION:
ONDERSPOOT VETERINARY INSTITUTE
OLD SOUTPANS ROAD 100
ATTN: DR. H. BOOKER
ONDERSPOOT, SOUTH AFRICA

REASON:

OCM 01-586 OCLD #5549 DATED 11/19/01. PURSUANT TO EXECUTIVE ORDER 12981, AS AMENDED, THE OPERATING COMMITTEE (OC) HAS COMPLETED THE REVIEW OF THE LICENSE APPLICATION REFERENCED ABOVE, AND AFTER CONSIDERING THE MERITS OF THE TRANSACTION IN LIGHT OF ALL THE INFORMATION MADE AVAILABLE DURING THE OC DISCUSSION, THE OC CHAIR RECOMMENDS THAT THE LICENSE APPLICATION BE RETURNED WITHOUT ACTION (RWA), WITHOUT PREJUDICE, BECAUSE THE APPLICANT HAS NOT PROVIDED THE REQUESTED ADDITIONAL INFORMATION ABOUT THE ULTIMATE CONSIGNEE'S SECURITY PLANS AND ITS PROCEDURES / PRECAUTIONS TO PREVENT THEFT / LOSS IN A TIMELY FASHION. SUCH INFORMATION IS CONSIDERED NECESSARY BY THE OC PARTICIPANTS IN ORDER TO REACH A FINAL POSITION ON ..THIS CASE. THE EXPORTER IS URGED TO RESUBMIT AN EXPORT LICENSE APPLICATION WHEN ALL REQUIRED INFORMATION IS OBTAINED. THE APPLICANT IS REMINDED THAT AN EXPORT LICENSE IS REQUIRED TO EXPORT COMMODITIES LISTED ON THE COMMERCE CONTROL LIST (CCL), PART 774.1 OF THE EXPORT ADMINISTRATION REGULATIONS (EAR). IN ADDITION, CERTAIN TRANSACTIONS ARE SUBJECT TO CONTROLS UNDER THE ENHANCED PROLIFERATION CONTROL INITIATIVE (EPCI), PART 744 OF THE EAR. AT A PREVIOUS OC MEETING ON 10/2/01, ALL FOUR AGENCIES AGREED TO REQUEST INFORMATION ABOUT THE SECURITY PLANS OF THE ULTIMATE CONSIGNEE / END-USER, ONDERSPOOT VETERINARY INSTITUTE. DURING THE 11/15/01 OC MEETING, IT WAS NOTED THAT THE APPLICANT HAD NOT PROVIDED THE REQUIRED INFORMATION. THEREFORE, ALL THE OC MEMBERS CONCURRED IN RETURNING THE LICENSE APPLICATION WITHOUT PREJUDICE, BECAUSE THE REQUESTED INFORMATION WAS NOT PROVIDED BY THE APPLICANT IN A TIMELY FASHION. THIS OCLD BECAME FINAL 11/24/01.

REFER INQUIRIES TO: EXPORTER ASSISTANCE STAFF
OFFICE OF EXPORTER SERVICES
P.O. BOX 273

EXPORT LICENSE

RWA NOTICE
CASE NUMBER: Z162273
ACTION DATE: DEC 14 2001



UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF EXPORT ADMINISTRATION
P.O. Box 273, Ben Franklin Station
Washington, DC 20044

U.S. DEPARTMENT OF COMMERCE
WASHINGTON, D.C. 20044

OR NEAREST DISTRICT OFFICE (SEE EXPORT ADMINISTRATION REGULATIONS FOR LIST OF DISTRICT OFFICES)

COMMODITIES:

QTY	DESCRIPTION	ECCN	TOTAL PRICE
100	BRUCELLA ABORTUS S2308 SEED STOCK. [BIOLOGICAL] [CB]	1C351	

8-17-98; 8:37PM)

1409 845 1248

AUG-17-98 08:37 From: CDC/OHS

+4046990880

T-430 P.03/03 Job-966

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC*.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F08, CDC, 1600 Clifton Road, Atlanta, GA 30333, FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Brucella phage (BK2)
Toxin:
Recombinant organisms/molecules:
Use: Research Diagnostics Production Other

2 Requestor (receiver) Information 19980817-633 Facility Registration Number

Thomas Ficht Thomas Ficht (979) 845-4118
Requestor Name (print) Signature Phone/FAX

Virginia Brown Virginia Brown 979/843-4088 979/845-1348
Responsible Facility Official Name (print) Signature Phone/FAX

3 Transferor (sender) Information 1997113-537 Facility Registration Number

Dr. James T. Douglas James T. Douglas 808-956-4639/956-5339
Transferor Name (print) Signature Phone/Fax

Hubert Olipares Hubert B. Olipares 808-956-3197/956-3205
Responsible Facility Official Name (print) Signature Phone/Fax

4 Shipping Information

Amount per primary receptacle: Lyophilized 0.1 ml
Number of primary receptacles per outer package 1
Number of outer packages 1

Date agent shipped: 8/31/01 Date agent received: 9/17/01

5 Select Agent Supply Depleted or Destroyed Date 1/1

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Report Clearance Officer, Paperwork Reduction Project (0820-0188), Rm 5311, M. M. Humphrey Bldg, 200 Independence Ave. SW, Washington, D.C.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Laboratory Registration and Select Agent Transfer Program

Facility Name: University of Hawaii

Registration #: 19971113-537

Address: Office of Research Services

Effective Date: 7/1/01

Sakamaki D-200, 2530 Dole Street
Honolulu, HI 96822

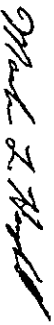
Expiration Date: 12/31/01

Responsible Facility Official: Hubert Olipares

Alternate Facility Official:

Certificate of Facility Registration

Based on information provided to the Laboratory Registration Select Agent Transfer Program, the above named facility is authorized to transfer and receive select agents for which it is registered, in accordance with 42 CFR 72.6.



Mark L. Hemphill

Laboratory Registration and Select Agent Transfer Program
Office of Health and Safety
Centers for Disease Control and Prevention

From: Ginger Brown
To: Thomas Ficht
Date: 4/27/00 9:27AM
Subject: Re: Shipment from Spain

OK, fine. Thank you for the update.

Ginger

>>> "Thomas Ficht" <tficht@cvm.tamu.edu> 04/27/00 09:17AM >>>
didn't get it could not be sent

>>> "Ginger Brown" <gingerbrown@tamu.edu> - 4/27/00 8:59 AM >>>
Tom *-

In checking my Select Agent shipping records, I came across an email that I sent to you back in August 1999 regarding the receipt of recombinant B. abortus from Spain. On August 18th you indicated that you would send me a copy of the receipt as soon as the material arrived from Spain. I do not have any papers indicating that you rec'd the shipment. If this did occur, please FAX me a copy at 5-1348.

Thank you.

Ginger

Thomas Ficht, 03:19 PM 8/18/99 , Re: Receipt

X-Mailer: Novell GroupWise 5.5
Date: Wed, 18 Aug 1999 15:19:20 -0500
X-PH: V4.4.7@mail.tamu.edu
From: "Thomas Ficht" <tficht@cvm.tamu.edu>
To: <gingerbrown@tamu.edu>
Subject: Re: Receipt

Ginger,

I have recently faxed an up-to-date USDA Import permit to Spain so that I could receive this strain. As soon as it arrives I will send a copy of the receipt.

Tom

>>> Ginger Brown <gingerbrown@tamu.edu> - 8/18/99 2:40 PM >>>

Tom--

In going through my records, I have a copy of an EA-101 Transfer form that I signed earlier in the summer for you to receive a Brucella strain from Spain. I don't know that the EA-101 is necessary for this shipment since it was an import, but if you have received the material, I'd like a copy of the updated EA-101 form indicating the date of shipment and the date of receipt.

Thanks.

Ginger

AUG-17-98 03:32 From: CDC/OHS

+4046390880

T-430 P.03/03 Job-966

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC*.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC*.

* Laboratory Registration/Select Agent Transfer Program, Mailstop F05, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-639-0880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT) Genus/species: <u>Brucella abortus</u> Toxin: Recombinant organisms/molecules: Use: Research__ Diagnostics__ Production__ Other__		
2 Requestor (receiver) Information <u>19980817-633</u> Facility Registration Number <u>Thomas Ficht</u> <u>Thomas Ficht</u> <u>(409) 845-4118</u> Requestor Name (print) Signature Phone/FAX <u>Virginia Brown</u> <u>Virginia Brown</u> <u>409-862-4038/409-845-1348</u> Responsible Facility Official Name (print) Signature Phone/FAX		
3 Transferor (sender) Information _____ Facility Registration Number <u>Ignacio Lopez-Goni</u> Transferor Name (print) Signature Phone/Fax _____ Responsible Facility Official Name (print) Signature Phone/Fax		
4 Shipping information Amount per primary receptacle: _____ Number of primary receptacles per outer package _____ Number of outer packages _____ Date agent shipped: ___/___/___ Date agent received: ___/___/___		
5 Select Agent Supply Depleted or Destroyed Date ___/___/___		

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(d)(3) for requirements.

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
RIVERDALE, MARYLAND 20737

**UNITED STATES VETERINARY PERMIT FOR IMPORTATION
AND TRANSPORTATION OF CONTROLLED MATERIALS AND
ORGANISMS AND VECTORS**

PERMIT NUMBER

44983

DATE ISSUED

06/18/98

DATE EXPIRES

06/18/99

NAME AND ADDRESS OF SHIPPER(S)

Dr Ignacio Lopez-Goni
Univ de Navarra, Dept de Microbiologia
Edificio de Invest, Calle Irunlarrea s/n
31008 - Pamplona
SPAIN

CC: [send copy/State Veterinarian]
AVIC, VS, Austin, TX
State Veterinarian, TX
PPQ Director, Gulfport, MS
PPQ Director, Brownsville, TX

NAME AND ADDRESS OF PERMITTEE INCLUDING ZIP CODE AND TELEPHONE NUMBER

TO: Dr. Thomas A. Ficht
TEXAS A&M UNIVERSITY
College of Veterinary Medicine
Dept of Vet Path/Vet Research Bldg, Rm107
College Station, TX 77843-4467
(409) 845-4118

U.S. PORT(S) OF ARRIVAL

HOUSTON, TX
MEMPHIS, TN

MODE OF TRANSPORTATION

AIR

AS REQUESTED IN YOUR APPLICATION YOU ARE AUTHORIZED TO IMPORT OR TRANSPORT THE FOLLOWING MATERIALS

Recombinant BRUCELLA ABORTUS, mutated derivatives of S2308 carrying transposon Tn5

RESTRICTIONS AND PRECAUTIONS FOR TRANSPORTING AND HANDLING MATERIALS AND ALL DERIVATIVES

THIS PERMIT IS ISSUED UNDER AUTHORITY CONTAINED IN 9 CFR CHAPTER 1, PARTS 94, 95, AND 122. THE AUTHORIZED MATERIALS OR THEIR DERIVATIVES SHALL BE USED ONLY IN ACCORDANCE WITH THE RESTRICTIONS AND PRECAUTIONS SPECIFIED BELOW (ALL VARIATIONS OF RESTRICTIONS CAN BE MADE ONLY WHEN AUTHORIZED BY USDA, APHIS, VS).

- o Adequate safety precautions shall be maintained during shipment and handling to prevent dissemination of disease.
- o The imported microorganisms must be grown and shipped in a media that was autoclaved prior to inoculation, without the subsequent addition of any fresh animal products, such as blood, serum, milk, etc.
- o This permit DOES NOT authorize direct or indirect exposure of or inoculation into laboratory and domestic animals, including poultry, cattle, sheep, swine, horses, etc. Work shall be limited to IN VITRO uses only.
- o The use of the permitted materials is subject to approval by the State Veterinarian of your State.
- o This permit is valid only for work conducted or directed by you in your present facilities. (MATERIALS SHALL NOT BE REMOVED TO ANOTHER LOCATION, NOR DISTRIBUTED TO OTHERS, WITHOUT USDA AUTHORIZATION.)
- o The restrictions on this permit remain in force as long as the material is in the United States.
- o A copy of this permit should be included with the shipping documents.

TO EXPEDITE CLEARANCES AT THE PORT OF ENTRY, BILL OF LADING, AIRBILL OR OTHER DOCUMENTS ACCOMPANYING THE SHIPMENT SHALL BEAR THE PERMIT NUMBER

SIGNATURE

Anne Goodman
Anne Goodman

TITLE

Senior Staff Microbiologist
National Center - Import-Export

NO. LABELS

Copy of Permit

TEXAS ANIMAL HEALTH COMMISSION

"SERVING TEXAS SINCE 1893"



P.O. Box 12966
Austin, Texas 78711-2966

2105 Kramer Lane
Austin, Texas 78758

Phone: (512)719-0700
Fax: (512)719-0719

Terry Beals, DVM
Executive Director

COMMISSIONERS:

R.A. (Rob) Brown, Jr.
Chairman

James Quincy Barnes, Jr.
Donald L. Berend
Bradley D. Bouma
Tommy I. Bozka
Tevis Herd
Ernie A. Morales
Marsha L. Stein, DVM
Charles R. Sherron, MD
Joe W. Templeton, PhD
Richard C. Traylor
Richard W. Winters, DVM

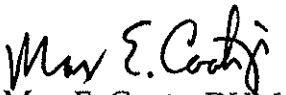
April 30, 1998

Dr. Thomas A. Ficht
Dept. of Veterinary Pathobiology
Veterinary Research Bldg., Room 107
College of Veterinary Medicine
Texas A & M University
College Station, TX 77843-4467

Dear Dr. Ficht:

I have reviewed the details of your proposed in vitro study to characterize changes in acid resistance/tolerance of attenuated *Brucella abortus* strain 2308 resulting from insertion of transposon Tn5 as summarized in your application for permit (VS Form 16-3) dated April 27, 1998. The Texas Animal Health Commission supports this type of basic research under the conditions specified in the referenced application.

Sincerely,


Max E. Coats, DVM
Acting Assistant State Veterinarian
Texas Animal Health Commission

MEC:jld

cc: Dr. Dee Ellis
File

Attn: Virginia Brown
Biosafety office
FAX (404)-639-3236

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
Office of Health and Safety, Mailstop F-05
1600 Clifton Road NE
Atlanta, GA 30333

Form Approved
OMB No. 0920 0189

Telephone: (404)-639-3235

APPLICATION FOR PERMIT TO IMPORT OR TRANSPORT AGENTS OR VECTORS OF HUMAN DISEASE

Let us know if you have already faxed your application

INSTRUCTIONS: Complete and submit original signed copy to the address listed above USE ADDITIONAL SHEETS IF NECESSARY

1. PERSON REQUESTING PERMIT in USA	NAME, ORGANIZATION, ADDRESS, PHONE AND FAX: Prof. G.M. Ihler, Dept. of Medical Biochemistry and Genetics 426-A, Reynolds Medical Building, Texas A&M University College Station TX-77843 Ph. 409-845-8686, Faxno: 409-847-9481		
2. SENDER OF MATERIAL	NAME OF SENDER, ORGANIZATION, ADDRESS, PHONE AND FAX: TGC Biomics, GmbH, Bingerweg 15, D-55444 Schwellenhausen Germany. Ph. no. ++49-6724-941077 Faxno. ++49-6724-941078		
3. DESCRIPTION OF MATERIAL	TYPE OF SAMPLE (ISOLATE, WHOLE ORGANISM, BLOOD, SERUM, TISSUE, DNA, ETC.): Bacterial toxins from Clostridium difficile and Sordellii COMMON AND SCIENTIFIC NAME OF HOST (HUMAN; MOUSE (Mus musculus); SNAIL (Bulinus globosus); ETC.): ETIOLOGIC AGENT IF KNOWN TO BE PRESENT (SCIENTIFIC AND COMMON NAME): ANSWER YES OR NO TO THE FOLLOWING: (1) IS THE MATERIAL... (2) ARE THERE... (3) DOES THE MATERIAL... Anita (5-9745) said Dr Ihler has talked w/ Dr Barbara Ellis @ CDC and she confirmed that they will be issuing the importation permit. I told Anita that the importation is not considered to be a "transfer" and that I do not need to do any paper work for them. 2/17/00		
4. TYPE OF PERMIT REQUESTED	IMPG <input checked="" type="checkbox"/> SII <input type="checkbox"/> MU No. of METHC <input type="checkbox"/> Mail <input type="checkbox"/> Other	TOGENS? NO PRESENT? NO No	
5. SHIPMENT INFORMATION	INDICATE VC TcdR		
6. QUANTITY OF MATERIAL TO BE IMPORTED	- 100, TcSL-1522 (TCD100)		
7. PROPOSED USE OF MATERIAL	INDICATE OBJ: PLAN OF WORK; COMPLETION DATE; FINAL DISPOSITION OF MATERIAL(S): These to - will be used to inactivate small GTP-binding protein in endothelial cell culture system. (2-3 months)		
8. ISOLATION AND CONTAINMENT FACILITIES	DESCRIBE AVAILABLE FACILITIES (GIVE BIOSAFETY LEVEL): BL-2 facility		
9. TECHNICAL PERSONNEL	QUALIFICATIONS AND EXPERIENCE OF TECHNICAL PERSONNEL: Dr. Anita Verma (Ph.D.), well experienced for handling toxins.		

I certify that the material(s) will be used in accordance with all restrictions and precautions as may be specified in the permit(s).

10. APPLICANT (Print Name) Prof. G.M. Ihler	SIGNATURE: 	DEGREE(S) M.D., Ph.D.	11. TITLE: Professor	12. DATE SIGNED: 02/4/00
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Attn: Virginia Brown
 Biosafety Office
 FAX (404)-639-3236

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
 Public Health Service
 Centers for Disease Control and Prevention
 Office of Health and Safety, Mailstop F-05
 1600 Clifton Road NE
 Atlanta, GA 30333

Telephone

APPLICATION FOR PERMIT TO IMPORT OR TRANSPORT AGENTS OR VECTORS OF HUMAN DI

Let us know if you have already faxed your application

INSTRUCTIONS: Complete and submit original signed copy to the address listed above

USE ADDITIONAL SHEETS

1. PERSON REQUESTING PERMIT in USA	NAME, ORGANIZATION, ADDRESS, PHONE AND FAX: Prof. G. M. Ihler, Dept. of Medical Biochemistry and Genetics 426-A, Reynolds Medical Building, Texas A & M University, college station TX-77843 Ph. 409-845-8686, Fax no: 409	
2. SENDER OF MATERIAL	NAME OF SENDER, ORGANIZATION, ADDRESS, PHONE AND FAX: TGC Biomics, GmbH, Bingerweg 15, D-55444 Sch Germany. Ph. no. ++49-6724-941077 Fax no. ++49	
3. DESCRIPTION OF MATERIAL	TYPE OF SAMPLE (ISOLATE, WHOLE ORGANISM, BLOOD, SERUM, TISSUE, DNA, ETC.): Bacterial toxins from Clostridium difficile a COMMON AND SCIENTIFIC NAME OF HOST (HUMAN; MOUSE (<i>Mus musculus</i>); SNAIL (<i>Bulinus globosus</i>) ETIOLOGIC AGENT IF KNOWN TO BE PRESENT (SCIENTIFIC AND COMMON NAME): ANSWER YES OR NO TO THE FOLLOWING QUESTIONS, USE ADDITIONAL SHEETS IF NECESSARY: (1) IS THE MATERIAL STERILE (FOR EXAMPLE, FORMALIN-FIXED OR STERILE CELL CULTURE)? (2) ARE THE MATERIALS BIOLOGICAL PRODUCTS OR DIAGNOSTIC SPECIMENS? yes IF YES, THEN (A) IS THE MATERIAL KNOWN OR REASONABLY EXPECTED TO CONTAIN HUMAN PA (B) IS THERE A RELATIVELY LOW PROBABILITY OF BSL2 OR BSL3 PATHOGENS BEIN (C) IS THE MATERIAL KNOWN NOT TO CONTAIN PATHOGENS? NO (3) DOES THE MATERIAL CONTAIN ANY ANIMAL PRODUCTS, FOR EXAMPLE, FETAL BOVINE SERUM	
4. TYPE OF PERMIT REQUESTED	IMPORTATION INTO U.S.: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple No. of shipments expected to be made within the next 12 months periods	TRANSFER WITHIN THE U.S.: <input type="checkbox"/> Single <input type="checkbox"/> Multiple
5. SHIPMENT INFORMATION	METHOD OF TRANSPORT: <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Air Freight <input type="checkbox"/> Other	U.S. PORT(S) OF ENTRY (IF KNOWN):
6. QUANTITY OF MATERIAL TO BE IMPORTED	INDICATE VOLUME AND TYPE OF INDIVIDUAL CONTAINERS: (Reference 42 CFR 72) TcdB 10463 (1000 TC.D), TcdB 1470 (100 TC.D), TcdSL-1	
7. PROPOSED USE OF MATERIAL	INDICATE OBJECTIVES AND PROPOSED PLAN OF WORK; COMPLETION DATE; FINAL DISPOSITION These toxins will be used to inactivate small GTP-bir in endothelial cell culture system. (2-3 months)	
8. ISOLATION AND CONTAINMENT FACILITIES	DESCRIBE AVAILABLE FACILITIES (GIVE BIOSAFETY LEVEL): BL2 facility	
9. TECHNICAL PERSONNEL	QUALIFICATIONS AND EXPERIENCE OF TECHNICAL PERSONNEL: Dr. Anita Verma (Ph.D.), well experienced for handling	

I certify that the material(s) will be used in accordance with all restrictions and precautions as may be specified in the permit.

10. APPLICANT (Print Name) Prof. G.M. Ihler	SIGNATURE: 	DEGREE(S) M.D., Ph. D.	11. TITLE: Professor	12. DATE 02
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
RIVERDALE, MARYLAND 20737

**UNITED STATES VETERINARY PERMIT FOR IMPORTATION
AND TRANSPORTATION OF CONTROLLED MATERIALS AND
ORGANISMS AND VECTORS**

PERMIT NUMBER

44746

DATE ISSUED

02/19/98

DATE EXPIRES

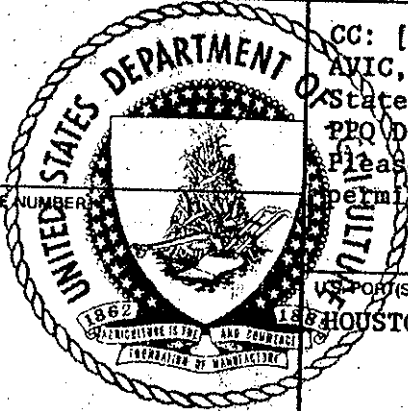
02/19/99

NAME AND ADDRESS OF SHIPPER(S)

Menachem Banai
Kimron Veterinary Institute
Dept Of Bacteriology, P O Box 12
Biet Dagan, 50250
ISRAEL

NAME AND ADDRESS OF PERMITEE INCLUDING ZIP CODE AND TELEPHONE NUMBER

Dr. Thomas A. Ficht
TEXAS A&M UNIVERSITY
Veterinary Pathobiology
College Station, TX 77843-4467
(409) 862-1088



CC: [send copy/State Veterinarian]
AVIC, VS, Austin, TX
State Veterinarian, TX
PEO Director, Brownsville, TX
Please do onsite inspection for
permit in the next 3-6 months.

PORT(S) OF ARRIVAL

HOUSTON, TX

MODE OF TRANSPORTATION

AIR

AS REQUESTED IN YOUR APPLICATION YOU ARE AUTHORIZED TO IMPORT OR TRANSPORT THE FOLLOWING MATERIALS

BRUCELLA MELITENSIS (vaccine strain and field strain)

RESTRICTIONS AND PRECAUTIONS FOR TRANSPORTING AND HANDLING MATERIALS AND ALL DERIVATIVES

THIS PERMIT IS ISSUED UNDER AUTHORITY CONTAINED IN 9 CFR CHAPTER 1, PARTS 94, 95, AND 122. THE AUTHORIZED MATERIALS OR THEIR DERIVATIVES SHALL BE USED ONLY IN ACCORDANCE WITH THE RESTRICTIONS AND PRECAUTIONS SPECIFIED BELOW (ALTERATIONS OF RESTRICTIONS CAN BE MADE ONLY WHEN AUTHORIZED BY USDA, APHIS, VS).

- o Adequate safety precautions shall be maintained during shipment and handling to prevent dissemination of disease.
- o All studies must be conducted in Biosafety Level 2 facilities inspected and approved by the USDA.
- o The imported microorganisms must be grown and shipped in a media that was autoclaved prior to inoculation, without the subsequent addition of any fresh animal products, such as blood, serum, milk, etc.
- o The cultures must be passaged four times at dilutions of 10 to the minus 6 prior to importation into the U.S. Only the fourth dilution and beyond are permitted entry.
- o This permit DOES NOT authorize direct or indirect exposure of or inoculation into laboratory and domestic animals, including poultry, cattle, sheep, swine, horses, etc. Work shall be limited to IN VITRO uses only.
- o Packaging, containers, and all equipment in contact with these materials shall be sterilized or considered a biohazard and be disposed of accordingly.
- o This permit is valid only for work conducted or directed by you in your present facilities. (MATERIALS SHALL NOT BE REMOVED TO ANOTHER LOCATION, NOR DISTRIBUTED TO OTHERS, WITHOUT USDA AUTHORIZATION.)
- o The restrictions on this permit remain in force as long as the material is in the United States.
- o copy of this permit should be included with the shipping documents.

APPROVED TO CLEARANCE
ALL BEAR THE PERMITTING OFFICE

Joyce Bowling

Senior Staff Veterinarian

National Center - Import Export

FORM EA-101: TRANSFER OF SELECT AGENT

42 CFR Part 72.6. Additional Requirements For Facilities Transferring or Receiving Select Agents.

INSTRUCTIONS FOR COMPLETING THIS FORM:

REQUESTOR: Complete blocks 1 and 2, attach copy of requesting facility's registration certificate, and forward to Transferor.

TRANSFEROR: Complete blocks 3 and 4, including date received by Requestor, attach copy of transferring facility's registration certificate, and FAX to CDC.

WHEN SELECT AGENT IS DEPLETED OR DESTROYED: Requestor (receiver) must enter date in block 5, and FAX forward to CDC.

*Laboratory Registration/Select Agent Transfer Program, Mailstop F95, CDC, 1600 Clifton Road, Atlanta, GA 30333. FAX: 404-839-8880.

1 Select Agent Description (COMPLETE A SEPARATE FORM FOR EACH SELECT AGENT)

Genus/species: Bacillus meliteus
Toxin: _____
Recombinant organisms/molecules: _____
Use: Research Diagnostics Production Other

2 Requestor (receiver) Information 19980817-633 Facility Registration Number

Requestor Name (print) Thomas Ficht Signature Thomas Ficht Phone/FAX (409) 845-4118

Responsible Facility Official Name (print) Virginia Brown Signature Virginia Brown Phone/FAX 409/862-4038
FAX 409/845-1348

3 Transferor (sender) Information _____ Facility Registration Number

Transferor Name (print) Meachem Bana Signature _____ Phone/Fax _____

Responsible Facility Official Name (print) Signature _____ Phone/Fax _____

4 Shipping information

Amount per primary receptacle: _____
Number of primary receptacles per outer package _____
Number of outer packages _____

Date agent shipped: ___/___/___ Date agent received: ___/___/___

5 Select Agent Supply Depleted or Destroyed Date ___/___/___

Record keeping requirements: Both requesting and transferring facilities must maintain records of all transfers. Refer to 42 CFR 72.6(4)(3) for requirements.

Penalties: Knowingly providing false statements on any part of this form or its attachments will subject the offender to fines of up to \$250,000 (\$500,000 for organizations), imprisonment for up to 5 years or both (18 USC Section 1001). Failure to maintain records constitutes a 1 year misdemeanor (42 USC Section 271).

Public reporting burden: Public reporting burden of this collection of information is estimated to average 30 minutes for completion of all sections, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed 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 OMB Reports Clearance Officer, Paperwork Reduction Project (0920-0199), Rm 531 H, H.H. Humphrey Bldg. 200 Independence Ave. SW, Washington, D.C.