



## Transfer Out

**Release Date: July 2019**

### **Introduction**

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

Facilities may apply to de-register if their entire holdings of all SSBAs are disposed of (or for a toxin the remaining quantity falls below the reportable quantity) either by destruction or transfer. There is a section in this form for applying to de-register.

### **Providing information to Health**

The information you provide to Health is mandated by the *National Health Security Act 2007 (NHS Act)* and will be included on the National Register of SSBAs.

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

### **Providing information to Law Enforcement Agencies**

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

### **Privacy**

Personal information provided to Health will comply with the requirements of the *Privacy Act 1988*.

### **Application Authorisation**

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

### **Instructions on completing this form**

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

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

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

### **Lodgement**

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

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

Please submit all postal applications to:

The Director  
Health Emergency Planning, Security and Laboratories Section  
Department of Health  
MDP 140, GPO Box 9848  
Canberra ACT 2601

Once Health has received the form, you will be provided with a confirmation of receipt by email to the contact officer listed for the facility.

### **Further Information**

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

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

Telephone: (02) 6289 7477

Email: [ssba@health.gov.au](mailto:ssba@health.gov.au)

All fields are mandatory unless otherwise stated.

## PART 1: FACILITY DETAILS

Please complete the details for the entity and facility.

Facility registration number	
Entity name	
Facility name	

## PART 2: TRANSFER OUT

Please complete this section if you have sent an SSBA to another facility.

Receiving Facility Details	
Receiving facility name	
Receiving facility telephone number	
Receiving Facility Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Transfer Out Details	
SSBA that you have sent	Select SSBA
Specific strain, serotype or toxin subunit <i>(if applicable)</i>	
Date of transfer to receiving facility	
Confirmed arrival date at receiving facility <i>(if known)</i>	
Was the transfer successful according to the SSBA standards?	Yes <input type="checkbox"/> Please move to next question No <input type="checkbox"/> Please complete Part 3 Unsuccessful Transfer Unknown <input type="checkbox"/> Please move to next question
Have you transferred your entire holding <sup>1</sup> of <b>this</b> SSBA from this facility?	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> move to Part 5
Would you like to retain the facility's registration for <b>this/these</b> SSBAs?	Yes <sup>2</sup> <input type="checkbox"/> please complete next question and move to Part 5 No <sup>3</sup> <input type="checkbox"/> please complete Part 4
If yes, why?	

<sup>1</sup> If the SSBA is a toxin has the remaining quantity fallen below the reportable quantity?

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

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

All fields are mandatory unless otherwise stated.

### PART 3: UNSUCCESSFUL TRANSFER

Please complete this section if the transfer was unsuccessful.

Unsuccessful Transfer	
Please provide a brief description of what happened	
Have you updated your security risk management plan in accordance with the SSBA Standards	Yes <input type="checkbox"/> move to next question No <input type="checkbox"/> you must update your security risk management plan
Comments	

### PART 4: DE-REGISTRATION

Please complete this section if you have transferred out your entire holdings of this SSBA

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

<sup>4</sup> If the SSBA is a toxin the remaining quantity falls below the reportable quantity.

<sup>5</sup> This includes changes to Responsible Officer details and annual/biannual reports.

## PART 5: SIGNATURES

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

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

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

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

I declare that:

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

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