

**Mount Holyoke College
Office of Environmental Health & Safety**

SELECT AGENT Registration Form

In order to comply with federal law, Principal investigators must register the possession of Select Agents. Failure to comply may result in criminal penalties. [Select Agents](#) include 1) microorganisms listed as Select Agents by the CDC, 2) genetically modified microorganisms or genetic elements from organisms on the list, shown to produce or encode for a factor associated with a disease, and 3) genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins on the list or their toxic subunits. The USA Patriot Act of 2001 prohibits “Restricted Persons” from possessing, shipping, transporting or receiving Select Agents. Finally, the Patriot Act prohibits the possession of a “Biological Agent, Toxin or Delivery System” of a type or in a quantity that, under the circumstances, is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. (As used here, “Biological Agent, Toxin or Delivery System” is broader than Select Agents.)

Principal Investigators must fill out and sign this SELECT AGENT Registration Form. Send the **signed** form to: Nancy Apple, Director of Environmental Health & Safety, Office of Environmental Health & Safety. She will contact you for additional information. If you have any questions about the regulations, and Select Agents, please contact Nancy Apple (neapple, ext. 2529).

Date: _____

PRINCIPAL INVESTIGATOR:

Last Name: _____ First Name: _____ Middle Initial: _____
 Department: _____
 Position Title _____ e-mail: _____
 Phone: _____
 Lab Locations (Give buildings and room #s): _____

LAB MANAGER (if applicable):

Last Name: _____ First Name: _____ Middle Initial: _____
 Position Title _____ e-mail: _____
 Phone: _____

1. Specify below any Select Agent organisms or toxins to be used in your laboratory

A. [Microorganisms/Infectious Agents](#)

Agent (Genus & Species)	Strain	Recombinant	Antibiotic Resistance (Specify)
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	
		<input type="checkbox"/> No <input type="checkbox"/> Yes	

B. Biological Toxins

Toxin Name	Type of Toxin	Amount	Supplier

2. A. Will you use, store or generate genetically modified microorganisms or genetic elements from organisms listed as Select Agents?

No Yes, specify:

- B. Will you use, store or generate genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins listed as Select Agents or their toxic subunits?

No Yes, specify:

Principal Investigator (Signature)

Date