

Select Agent Program Removal Request and Inventory Attestation Form

Submit requests to the RO at nihselectagentprogram@od.nih.gov or fax to [301-480-0701](tel:301-480-0701)

Date: _____

Removal Initiated by RO/ARO

1. Person Requesting Removal:

Full Name: _____ Job Title: _____

2. Person to be Removed from SAP:

Full Name: _____ Job Title: _____

Desired Removal Date: _____

3. Reason for Removal:

Participant no longer requires unescorted access to select agents/toxins due to (select one):

- change in job duties.
- termination of employment at NIH. A) Last date at NIH: _____
B) Next place of employment: _____
- Other: _____

4. Person being removed is a(n) (select one):

- Laboratorian Animal Care Staff Support Staff Unescorted Visitor

5. Attestation (must be completed by Requester in Section 1; select one):

I, _____ attest that,

- the individual listed above **did not** have access to select agents/toxins or select agents infected animals.
- the individual listed above had access to select agents/toxins and is no longer in possession of select agents/ toxins under my registration and all select agents/toxins used by the individual is accounted for in the inventory log.
- the individual listed above had access to select agent infected animals and all animals have been accounted for.

Place Signature Here

**** For Select Agent Program Office Use Only ****

- Attestation Completed? (#5): checked on: _____ checked by: _____
- Removal Request Sent on: _____ by: _____
- Removal Request Confirmed on: _____ by: _____
- Notification Letter Sent on: _____ by: _____
- Lock Change, if applicable on: _____ by: _____
- Removal Amendment Sent on: _____ by: _____

Comments, if any: _____