

Select Agent Program Removal Request

Submit request to nihselectagentprogram@od.nih.gov

Date: _____

1. PARTICIPANT:

Full Name: _____ NED ID: _____ Email Address: _____

Desired Removal Date: _____ Biosurety Program Removal? Yes No

2. ROLE:

Laboratorian Animal Care Staff Support Staff Unescorted Visitor

3. REASON:

Change in Job Duties

No Longer at NIH

Other: _____

4. ATTESTATION:

I, _____ attest:

The individual to be removed **did not** have access to select agents/toxins or select agent-infected animals.

The individual to be removed **did** have access to select agents/toxins or select agent-infected animals. Select agent inventory is accounted for.

Signature: _____

5. AUTHORIZATION:

Full Name: _____ Job Title: _____ Signature _____

This section to be completed by Responsible Official or Alternate Responsible Official.

<input type="checkbox"/> Removal Request	Date: _____	From: _____
<input type="checkbox"/> FAC Receipt	Date: _____	From: _____
<input type="checkbox"/> eFSAP Removal	Date: _____	From: _____
<input type="checkbox"/> Removal Letter	Date: _____	From: _____
<input type="checkbox"/> Removal Notification	Date: _____	From: _____