Security Sensitive Biological Agents Regulatory Scheme

Non Registered Facility Report Temporary Handling or Disposal of an SSBA

Updated: January 2026

Please complete this form if you are NOT REGISTERED to handle SSBAs and are undertaking a TEMPORARY HANDLING or DISPOSAL of a known SSBA.

A temporary handling must only be for seven (7) working days or less.

If you are reporting handling a **suspected SSBA or the outcome of a confirmatory test**, including reporting confirmation of the sample as an SSBA, please use the *Non Registered Report for Suspected SSBAs and Confirmatory Testing Results*.

Introduction

The *National Health Security Act 2007* allows entities to handle **known**[1] SSBAs on a temporary basis (seven working days or less). Following the handling, the entity must dispose of the SSBA, through complete transfer or destruction, and report the disposal to the Australian Centre for Disease Control (CDC). During this time, the SSBA must be handled according to Part 10 of the SSBA Standards.

If you are required to continue handling the SSBA for longer than the designated seven working days (for example, to complete testing on the SSBA), you must apply to the Australian CDC for an extension prior to the end of the temporary handling period. You can apply for an extension by completing the *Application for Extension* section in this form. If this request is granted you must dispose of the SSBA at the end of the extended time period and report the disposal to the Australian CDC within two business days after it has occurred.

If an extension is not requested or is not granted and you intend to continue to handle the SSBA, at the end of the temporary handling period you must apply to register to handle the SSBA using the *Initial Registration* form.

***Note**: These new requirements **do not affect the handling of suspected SSBAs**, **including an entity receiving a positive confirmatory test result** from a previously suspected SSBA. These agents must continue to be handled under Division 4A of the NHS Act and Parts 9 and 9A of the SSBA Standards. These handlings should be reported to the Australian CDC on the Suspected SSBAs and Confirmatory Testing Results form.*

Providing information to the Australian CDC

The information you provide to the Australian CDC is mandated by the *National Health Security Act 2007* and will be included on the National Register of Security Sensitive Biological Agents.

[1] A known SSBA is one that has been confirmed by laboratory testing before being transferred into your facility.

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

Privacy
Personal information supplied to the Australian CDC is handled according to 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 the 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 the Australian CDC.

All questions are mandatory unless otherwise stated 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 the Australian CDC 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 the Australian CDC as these cannot be accepted.

Please submit all postal applications to:

The Director
Laboratories and Pathogen Security Section
Australian Centre for Disease Control
MDP 140, GPO Box 9848
Canberra ACT 2601

Once the Australian CDC has received the form, you will be provided with a confirmation of receipt.

Further Information
Please use your facility registration 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@cdc.gov.au

All fields are mandatory unless otherwise stated.

PART 1: ENTITY AND FACILITY DETAILS

If you have a facility reference number, please complete this section and move to Part 3.

Reference Number.	
Facility number *(if known)*	
Entity name	
Facility name	

PART 2: ENTITY AND FACILITY DETAILS

If you do not have a facility reference number, please complete the details below.

Section 2.1: Entity Details	
Full name of entity *(legal name)*	
Entity trading name *(if different)*	
ABN	
ACN *(if applicable)*	
Australian Registered Body Number *(if applicable)*	
Section 2.2: Entity Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Section 2.3: Entity Postal Address (if different from above)	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Section 2.4: Entity Contact Details	
Telephone number	
Email address	

All fields are mandatory unless otherwise stated.

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Section 2.5: Facility Details	
Facility name	
Room number/s *(if applicable)*	
Level/floor *(if applicable)*	
Building name *(if applicable)*	
Section 2.6: Facility Physical Address	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Section 2.7: Facility Postal Address (if different from above)	
Address 1	
Address 2	
Suburb/City	
State	
Postcode	
Section 2.8: Contact Details of person responsible for the facility	
Title *(e.g. Dr, Mr, Ms etc)*	
First name	
Middle name	
Last name	
Telephone number	
Facsimile number	
Email address	

All fields are mandatory unless otherwise stated.

PART 3: SSBA HANDLING DETAILS

Please complete the details for the SSBA

Section 3.1: SSBA Details	
SSBA details	
Specific strain, serotype or toxin subunit *(if applicable)*	
Section 3.2: Origin of the SSBA	
Received from	
Received date	
Reason for receipt *E.g.: diagnostics, antibiotic sensitivity testing etc.*	
Section 3.3: Handling of the SSBA	
What have you done/intend to do with the SSBA?	Handle ☐ *If you intend to continue to handle this SSBA you must complete an* Initial Registration *application within **two** business days of the end of the temporary handling period.* *To apply for an extension of the temporary handling period, complete the question below and Part 3.4.* *If you intend to register, please move to Part 4.* Transfer ☐ *Please note: you may both transfer a sample of the SSBA and destroy the remaining SSBA as part of the disposal process* Destroy ☐
Do you need to retain the SSBA for longer than seven business days prior to disposal (transfer or destruction)?	Yes ☐ Please move to section 3.4 No ☐ Please move to next applicable section 3.5 or 3.6
Section 3.4: Application for Extension - Retain the SSBA for Longer than Seven Business Days	
Why do you need to retain the SSBA for longer than seven business days?	
What date do you intend to dispose of (transfer or destroy) the SSBA?	
How do you intend to dispose of the SSBA? *The SSBA must be disposed of by complete transfer or destruction of the agent at the end of the handling period. SSBAs may be disposed of by both transfer (e.g. to a reference laboratory) and destruction (of any remaining samples).*	Transfer ☐ Destroy ☐ *Please note that if an extension is granted you will need to report the complete transfer or destruction of the SSBA within **two** business days after the action has occurred or the end of the extended handling period, whichever comes first.*
Comments *(if applicable)*	

All fields are mandatory unless otherwise stated.

Section 3.5: Transfer of the SSBA	
Have you transferred your <u>entire</u> holding of this SSBA?	Yes ☐ Please complete remaining questions in this section No ☐ Please complete the remaining questions in this section AND section 3.6 explaining what you have done with the remainder of this SSBA
Date of transfer	
Receiving organisation name	
Receiving organisation address	
Receiving organisation contact name	
Receiving organisation contact telephone number	
Arrival date at receiving facility *(if known)*	
Was the transfer successful[2] according to the SSBA standards?	Yes ☐ Move to Section 3.6 or Part 4 No ☐ Please provide description in field below
Lost in Transit or Unsuccessful Transfer	
Please provide a brief description of what happened *Mandatory reporting to law enforcement is required under the NHS Act. For further information please see* Guideline 05 - Reporting to Law Enforcement or the National Security Hotline, *available through our website – www.cdc.gov.au/ssba*	
Section 3.6: Destruction of the SSBA	
Have you destroyed your <u>entire</u> holding of this SSBA?	Yes ☐ Please complete remaining questions in this section No ☐ Please complete the remaining questions in this section AND section 3.5 explaining what you have done with the remainder of this SSBA
Date of destruction	
Method of destruction	
Comments *(if applicable)*	

[2] *A successful transfer is defined under the SSBA Standards as verification that the complete shipment of the SSBA (quantity and type), as covered by the shipment documents, has been received and that there is no evidence of tampering to the shipping container.*

PART 4: SIGNATURES

The information collected on this form may be used by the Australian CDC 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 the Australian CDC.

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 the Australian CDC to the Australian Security Intelligence Organisation, law enforcement agencies such as the Australian Chemical Biological Radiological and Nuclear Data Centre, the Australian Federal Police and State and Territory police forces, other agencies responsible for responding to emergencies and other specified persons. The Australian CDC is unlikely to disclose personal information to overseas recipients.

The Australian CDC adheres to the *Privacy Act 1988* (Cth) and has an Australian Privacy Principles (APP) privacy policy which you can access at https://www.cdc.gov.au/resources/publications/privacy-policy. For further information on the privacy policy, please contact the Australian CDC at privacy@cdc.gov.au. Your personal information is protected by law, and by providing your personal information to us, you acknowledge the Australian CDC collecting your details for the purpose of administering the SSBA Regulatory Scheme.

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	