

## **Select Agent Toxin Transfer: Exempt Quantity**

Date(s) Revised: 11/2014

This document is to ensure each Principal Investigator (PI) who possesses exempt quantities of Select Agent Toxins understands the allowable maximum exempt quantities s/he can possess, as specified by the federal regulations on Select Agents (42 CFR Part 73); and that s/he only transfer exempt quantities of toxin if the receiver has a legitimate need (reasonably justified by a prophylactic, protective, bona fide research or other peaceful purpose) to handle or use the toxin(s). The toxins and their exempt quantity limits are listed below:

Toxin	Max. Allowable per PI for exemption
Abrin	100 mg
Botulinum neurotoxins	0.5 mg
Short, paralytic alpha conotoxins	100 mg
Diacetoxyscirpenol (DAS)	1000 mg
Ricin	100 mg
Saxitoxin	100 mg
Staphylococcus enterotoxins (Subtypes A – E)	5 mg
Tetrodotoxin	100 mg
T-2 Toxin	1000 mg

It is important to ensure that the total amount of toxin per PI is maintained below these limits at all times in order to remain exempt from registration with the CDC and the attendant restrictive requirements. Due to the severe penalties associated with non-compliance with the Select Agent rules, it is imperative that each laboratory using, storing and transferring toxins maintains current information for these substances. Failure to register a Select Agent toxin is a criminal offense, punishable by up to five years in prison and/or \$500,000 in fines (Public Health Security & Preparedness Response Act of 2002).

- For any transfer of an exempt quantity of toxin(s), the transferor must document that the receiver has a legitimate need to handle or use the toxin(s); documentation must be retained by the transferor.
- Report any known or suspected violation of Federal law or suspicious activity related to select agent toxins to CDC: 404-718-2000 or LRSAT@cdc.gov or APHIS: 301-851-3300 or ASAP@aphis.usda.gov.

By signing below, the Principal Investigator acknowledges that s/he has ensured the legitimacy of the receiver to handle or use the toxin(s).

Include a statement indicating the recipient's intended use of the toxin or transferor's knowledge of recipient's legitimate need:

Receiver: (Institution and Address)	Toxin and Amount
Receiver: (Name, Phone number and e-mail)	Date
Printed name: (Transferor)	Signature: (Transferor)