Principal Investiga	ator(s):				
Protocol Title & N	umber:				
Date:					
Contact Info:					
<del>-</del>	and describe all pro aste, carcass dispo		-		al safety including
Agent:					
CDC Biosafety Lev	<u>rel</u> :				
Infectious for:	Human	Animal			
Length of time a	gent shed or prese	ent in beddin	g:		
Indicate whether	transmission of infe	ctious agent n	nay occur:		
Transmiss	Transmission from animal to animal			No	Unknown
Transmission from animal to human			Yes	No	Unknown
Environmental transmission			Yes	No	Unknown
Route of Transmis	ssion:				
Urine	Yes	No	Unknown		
Feces	Yes	No	Unknown		
Saliva	Yes	No	Unknown		
Fomite	Yes	No	Unknown		
Immunization treatment available:		Yes	No	Unknown	
If yes, ple	ase list:				

Please describe briefly h	ow waste (carcas	ses, bedding) will be coll	ected, stored, and disposed of:				
Have you been given aut	thorization by UV	VF EH&S to use ABSL-2/B	SL-2 agents?				
Yes No		Proposal submitted, awaiting approval					
<b>Important Reminder:</b> Approval from the IACUC and EH&S must be granted before any work utilizing the above agents in/with animals may begin. A hazard start-up meeting between EH&S and PI may be required based on risk assessment before initiating this work.							
Printed Name of PI			Date				
PI Signature							
For Office Use O	nly: Approva	I Documentation:					
Environmental Healt	h & Safety	Date	Comments				
IACUC		 Date	Comments				