



## Request to Use Select Agents/Toxins in Live Vertebrate Animals

Principal Investigator(s):

Protocol Title & Number:

Date:

Contact Info:

List each select agent/toxin and describe all procedures necessary for personnel and animal safety including biohazardous waste, carcass disposal and cage decontamination below:

Agent:

CDC Biosafety Level:

Infectious/toxin for:    Humans            Animals            Plants            All

Length of time agent/toxin shed or present in bedding:

Indicate whether transmission of infectious agent may occur:

Transmission from animal to animal	Yes	No	Unknown
Transmission from animal to human	Yes	No	Unknown
Environmental transmission	Yes	No	Unknown

Route of Transmission:

Urine	Yes	No	Unknown
Feces	Yes	No	Unknown
Saliva	Yes	No	Unknown
Fomite	Yes	No	Unknown

Immunization treatment available:    Yes            No            Unknown

If yes, please list:

Please describe briefly how waste (carcasses, bedding) will be collected, stored, and disposed of:

Have you been given authorization by UWF EH&S to use [Select Agents](#) or toxins as listed by HHS and USDA?

Yes

No

Proposal submitted, awaiting approval

**Important Reminder:** 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 Only: Approval Documentation:**

\_\_\_\_\_  
Environmental Health & Safety

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments

\_\_\_\_\_  
IACUC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comments