



**Institutional Biosafety Committee
RESEARCH USING SELECT AGENTS FORM**

For IBC Use: Date Submitted:
 IBC Registration No.:
 EHS Approval: Yes or No
 Approval Date:

The EHS Office must first approve the use of these materials before IBC registration is reviewed. The possession and use of these materials requires that the facility be registered with the Centers for Disease Control and Prevention. Special containment and controlled access to facilities that contain Select Agents is also required for these substances. To comply with federal law, PIs are required to register the possession of Select Agents with the IBC. Failure to comply may result in criminal penalties. Select agents include: 1) microorganisms listed as Select Agents by the CDC, 2) genetically modified microorganisms or genetic elements from organisms on the list shown to produce or encode factor(s) associated with a disease, and 3) genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins on the list or their toxic subunits. The Patriot Act prohibits the possession of a "biological agent, toxin, or delivery system" of a type or in a quantity that, under the circumstances, is not reasonably justified by a prophylactic, protective, bona fide research, or other peaceful purpose. Please complete this form and submit it to the IBC to review.

Principal Investigator Name:
 Laboratory Manager Name:
 Email Address:
 Phone:

1. Specify any Select Agent organisms or toxins to be used in your laboratory.

a. Microorganisms/Infectious Agents

Agent (Genus & Species)	Strain	Maximum Quantity	Recombinant	Antibiotic Resistance (specify)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

b. Biological Toxins

Toxin Name	Type of Toxin	Maximum Quantity	Experimental Concentration	Supplier
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Will you use, store or generate genetically modified microorganisms or genetic elements from organisms listed as Select Agents? Yes No

If yes, specify:

3. Will you use, store, or generate genetically modified microorganisms or genetic elements that contain nucleic acid sequences coding for any of the toxins listed as Select Agents or their toxic subunits? Yes No

If yes, specify:

4. List the CDC Registration Number and how you will meet the special containment requirements:

PI Signature Required:	Date:
<input type="text"/>	<input type="text"/>

For IBC Use:

Printed Name and Title of EHS Official:

Signature:

Date: