

# **Biosafety Protocol Registration Form A - Pathogen**

**Protocol Title:** 

Principal Investigator (PI)/ Teaching Lab Instructor:

### Section 1 - Description of Pathogen(s)

1. Type of pathogen (check all that apply):

Bacteria	Virus
Fungi	Prion
Parasite	Other (please specify):

# 2. Pathogen description:

Pathogen Name (Species)	Strain Number	Genotype (include antibiotic resistance)	Attenuation Status	Source
(3pecies)	Number	(include antibiotic resistance)	514145	

3. Describe the maximum volume and number of storage containers:



- 4. Maximum concentration of pathogen(s):
- 5. Maximum volume of concentrated pathogen(s):
- 6. Is the toxin a <u>select agent</u>: Yes No

\* If yes, contact ISU Environmental Health and Safety Office regarding use of select agent.

7. Check the most appropriate:

Risk group 1 – agent that is not associated with *disease in healthy adult humans* [requires laboratory-specific biosafety manual for biosafety level 1]

Risk group 2 – agent that is associated with human disease which is rarely serious and for which preventive or therapeutic interventions are available *[requires laboratory-specific biosafety manual for biosafety level 2]* 

Risk group 3 – agent that is associated with serious or lethal human disease for which preventative or therapeutic interventions may be available (high individual risk but low community risk)

Risk group 4 – agent that is likely to cause serious or lethal human disease for which preventive or therapeutic interventions are not usually available (high individual risk and high community risk)

#### Section 2 - Pathogenicity Properties

8. Lethal dose (LD<sub>50</sub>, LC<sub>50</sub> or LD<sub>Lo</sub>) or infectious dose in humans (if known):

9. Pathogen host range:



10. Possible route(s) of transmission/infection (select all that apply):

Inhalation	Direct contact (skin or body fluids)	Insect
Ingestion	Indirect (fomites)	

11. Describe the signs and symptoms in humans:

# Section 3 - Risk Management

12. Provide the following information for biosafety cabinets that will be used:

Make/model/serial number:

Location:

Date last certified:

13. Describe the specific training provided to personnel as to the potential risks involved with this work and the safety precautions that will be used to mitigate such risks:



14. List any special groups of workers (e.g., pregnant, immune-compromised, allergic) at greater risk for infection or disease from the use of the listed pathogen(s). In addition, describe any additional precautions that will be implemented to protect these special groups. If there are no special groups of workers at greater risk, type "None" in the text block.

15. Are there any preventative medical requirements (e.g., special vaccinations)? Yes No

16. If yes, describe the required or available services:

17. Will animals or human subjects in experiments be exposed to the toxin(s)? Yes No

# Section 4- Risk Assessment Acknowledgement by PI/Instructor - Please initial next to each requirement

- \_\_\_\_\_ PI/instructor will maintain a laboratory-specific biosafety manual
- \_\_\_\_\_ PI/instructor will maintain a laboratory-specific acute toxin Standard Operating Procedures
- \_\_\_\_\_ PI/instructor is responsible for conducting risk assessment training for all personnel working under this protocol and maintain record that all personnel trained understand risks associated
- PI/Instructor assures that the use of the toxin will be conducted in accordance with the BMBL (Biosafety in Microbiological and Biomedical Laboratories) published by the CDC and NIH