

**UNIVERSITY OF WISCONSIN – MILWAUKEE
DEPARTMENT OF UNIVERSITY SAFETY AND ASSURANCES
BIOLOGICAL SAFETY PROGRAM**

PROTOCOL#
APPROVAL – SUBCOMMITTEE:
APPROVAL – FULL COMMITTEE:
WITH MODIFICATION:

BIOLOGICAL TOXIN REGISTRATION FORM

PRINCIPAL INVESTIGATOR:	Phone No:
Campus Mailing Address:	E-Mail:
New Submission <input type="checkbox"/> Grant Renewal <input type="checkbox"/> Revision/Resubmission <input type="checkbox"/>	
PROJECT TITLE:	
Funding Agency:	Dates of Project: to

- Attach** a project summary describing your research in such a way that a scientist in another field will understand. Include in detail all methods that will be used in the project that are directly involved with the biotoxic agent regarding: the experimental design and goals, the source of the agent, assessment of the biohazardous potential and containment methods.
- Biotoxic Agents.** Identify the Biotoxin(s), Biosafety level, LD₅₀, and source of the LD₅₀ data by making marking the appropriate column*.

Biotoxin	Biosafety Level	LD ₅₀	Mouse*	Rat*	Other* (Specify)

- Quantity.** What quantity of the biotoxin will be kept on hand? Please note method used to inventory or account for biotoxin possessed.

- Security.** How will the security of the biotoxin be maintained?

Locked Cabinet Locked Refrigerator/Freezer Other (specify):

- Location.** Provide information regarding the facilities where the biotoxin will be produced, stored and/or the experiment conducted by marking the appropriate column(s)*.

Building	Room No.	Biotoxin Produced*	Biotoxin Stored*	Procedure Room*

6. **Animals.** Does the experiment involve the administration of the biotoxin to animals? Yes No
 If yes, can the biotoxin be released from the animal to the environment? Yes No

7. **Safety Equipment.** Identify equipment utilized.

Biosafety Cabinet: <input type="checkbox"/> Yes <input type="checkbox"/> No	Autoclave Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Model:	Location:
Location:	Monitored: <input type="checkbox"/> Yes <input type="checkbox"/> No
Certification Date:	

8. **Disposal.** How is the compound and other biotoxin containing materials (animal excrement, blood, bedding, etc.) inactivated/disposed of? If a chemical disinfectant is used, state the kind and concentration.

Disposal Substance	Disposal Method/Procedure

9. **Provide** laboratory protocols specific to this research. Be sure to include the following:

- Identification of potential exposure hazards during sample preparation and experimental manipulations (e.g., aerosol generation when transferring, mixing or centrifuging, use of sharps, excretion by animals, etc.)
- Staff training.
- Safety procedures that will be employed to minimize risk and prevent release of the agent (e.g., protective clothing, use of biological safety cabinet, sharps handling and disposal, etc.)
- Accidental spill/exposure procedures. Include information on the availability of antidotes available for persons exposed to the biotoxin.

10. **Research personnel.** Identify personnel conducting the experiments (including students). Specify degree, applicable training and experience including duration (e.g., 2 years), and project responsibilities.

Name	Degree	Training/Experience	Project Responsibilities

By signing below you re agreeing that all work on this project will be conducted using Biosafety practices described in the CDC/NIH Publication entitled "Biosafety in Medical and Biomedical Laboratories (BMBL). Additional stipulations required by the Institutional Biosafety Committee on behalf of the University of Wisconsin – Milwaukee will also be followed.

Principal Investigator's Signature

Date

Send the completed signed form and attachments to the UWM Biosafety Program. Lapham Hall Rm 217.