

Biological Agent Inventory

Name: _____ Department: _____ Phone: _____

Bldg/Room: _____ Email: _____ Date: _____

1. Place a check beside each type of biological material used or stored in areas under your control.

- | | | | | |
|---|------------|-------------------|-----------|---|
| Bacteria | Viruses | Fungi | Parasites | Experimental animals or tissues |
| Rickettsiae | Chlamydiae | Biological toxins | Prions | Wild-caught animals or tissues |
| Human cells or cell lines (including <i>established</i> cell lines) | | | | Cells or cell lines of non-human primates |
| Human blood, (unfixed human tissues, body fluids, or other potentially infectious material) | | | | Other cell/tissue culture (e.g., plant) |
| Recombinant DNA or recombinant products (<i>also complete section 3</i>) | | | | Other biological materials |
| NO materials of biological origin used or stored (stop here and sign below) | | | | |

2. Describe and classify biological materials (listing genus and species where appropriate).

Biological Material	Viable?	Pathogen			Drug Resistant?	BSL	Storage or Use Location(s)
		Human	Animal	Plant			

3. Describe and classify recombinant materials (listing genus, species, and parent strains where appropriate).

Source of DNA/RNA	Nature of inserted sequence	Host strains	Vector strains	Expression of foreign gene?

I hereby certify that the information supplied on this form is to the best of my knowledge accurate and truthful. I understand that a false statement on any part of this form could result in a fine up to \$500,000 or imprisonment for up to five years or both.

Completed by: _____ PI Signature: _____