

Biological Agents 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 (<i>stop here and sign below</i>)				

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: _____