



## Registration of Materials (Potentially) Infectious For Humans

The Department of Environmental Health & Safety (EHS) maintains a registry of laboratories working with human pathogens or human blood, body fluids or tissue. For purposes of this registration, a pathogen is defined as any microorganism known to cause or suspected of causing infection in humans.

The Principal Investigator (PI) is responsible for completing the pertinent parts of this registration document and sending it to EHS prior to the beginning of the work.

The PI is also responsible for notifying EHS when work with the microorganism is terminated or when significant changes occur, such as relocation of the laboratory or introduction of a new pathogen. EHS conducts random surveys of registered laboratories to review practices and procedures involved in this research. This survey is not intended to take the place of the responsibility of the PI in supervising the daily work with the pathogen.

<b>PART A: (To be completed for each laboratory.)</b>		
PI:	Department:	
Building:	Laboratory Room(s) involved:	Telephone:
<b>PART B: (To be completed by laboratories handling human pathogens. Provide complete information for each microorganism in use in your laboratory.)</b>		
<input type="checkbox"/> Organism(s) <span style="margin-left: 200px;"><input type="checkbox"/> Specific Strains</span>		
Is antibiotic resistance expressed? <input type="checkbox"/> No <input type="checkbox"/> Yes	Other markers	
Largest Volume of organism cultured _____ liter(s)	Is a toxin produced? <input type="checkbox"/> No <input type="checkbox"/> Yes    Work with toxin? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Do you concentrate the organism? <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify Methods <input type="checkbox"/> Centrifugation <input type="checkbox"/> Precipitation <input type="checkbox"/> Filtration <input type="checkbox"/> Other	
Is organism inactivated prior to other laboratory manipulations? <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify Methods <input type="checkbox"/> Heat <input type="checkbox"/> Chemical <input type="checkbox"/> Radiation <input type="checkbox"/> Other	
Is organism injected into animals? <input type="checkbox"/> No <input type="checkbox"/> Yes	Specify animals	
Do you work with radioactively-labeled organisms? <input type="checkbox"/> No <input type="checkbox"/> Yes    Radionuclide _____ Call Radiation Safety Officer for assistance x42949	Containment equipment available Biological Safety Cabinet <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Chemical Fume Hood <input type="checkbox"/> Containment Centrifuge <input type="checkbox"/> Other Does Biological Safety Cabinet have current certification? <input type="checkbox"/> No <input type="checkbox"/> Yes	
I accept responsibility for the safe conduct of work with this organism at Biosafety Level _____ (indicate appropriate level) and have informed all personnel who may be at risk of potential exposure to the organism of the conditions of this work.		
Principal Investigator (signature)	Date	
Department Chair (signature)	Date	

**PART C: (To be completed by laboratories handling human blood, tissues or fluids)**

<b>Human samples manipulated:</b> <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine <input type="checkbox"/> Feces <input type="checkbox"/> Spinal Fluid <input type="checkbox"/> Semen <input type="checkbox"/> Unfixed Tissues <input type="checkbox"/> Other _____	<b>Type of manipulations</b> <input type="checkbox"/> Centrifuge <input type="checkbox"/> Sonication <input type="checkbox"/> Blending/mixing <input type="checkbox"/> Pipetting <input type="checkbox"/> Dissection <input type="checkbox"/> Other _____
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Containment equipment available  
Biological Safety Cabinet    Class I     Class II     Class III     Chemical Fume Hood     Containment Centrifuge

Does Biological Safety Cabinet have current certification?    No     Yes

I accept responsibility for the safe conduct of work with the above mentioned human blood, body fluids and/or tissues using Biosafety Level 2 practices and procedures. I have informed all personnel who may be at risk of potential exposure to these materials of the appropriate procedures for this work.

\_\_\_\_\_  
Principal Investigator (signature)

\_\_\_\_\_  
Date

**PART D: (To be completed by the Institutional Biosafety Committee (IBC) and EHS.)**

Reviewer's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parts A and B of this registration document were reviewed by the IBC on \_\_\_\_\_ and work can proceed in a BL \_\_\_\_\_ facility using BL \_\_\_\_\_ practices and procedures.

\_\_\_\_\_  
Chair, IBC

\_\_\_\_\_  
Date

**PART E: (To be completed by EHS upon notification that this work is terminated.)**

Date Registration Document Inactivated \_\_\_\_\_

By: \_\_\_\_\_  
Biological Safety Officer

Return completed form to: Environmental Health & Safety