

# BIOHAZARDOUS MATERIALS AND SELECT AGENT REGISTRATION DOCUMENT

1. **Organism/Agent Name:** \_\_\_\_\_  
  
**(Genus/species):** \_\_\_\_\_
2. **Select Agent:**  
**Yes** ☐  
**No** ☐
3. **Pathogen:**  
**Human** ☐  
**Animal** ☐
4. **Plant: Indigenous too Arkansas?**  
**Yes** ☐  
**No** ☐
5. **Route(s) of transmission:** \_\_\_\_\_
6. **Antibiotic/Antiviral resistant:**  
**Yes** ☐  
**No** ☐  
**Other markers** \_\_\_\_\_
7. **Is Vaccine preventable?**  
**Yes** ☐  
**No** ☐  
**Specify:** \_\_\_\_\_

8. Is the therapy (antibiotic, antifungal, antiviral, etc.) available?  
Yes ☐  
No ☐  
Specify: \_\_\_\_\_
9. Toxin Produced:  
Yes ☐  
No ☐
10. Type/ Concentration: \_\_\_\_\_
11. Volume:  
\_\_\_\_\_ Liters
12. Is storage and use of more than 10 liters?  
Yes ☐  
No ☐
13. Is Organism inactivated prior to other lab manipulations?  
Yes ☐  
No ☐
14. Method of Inactivation:  
  
Heat ☐  
Chemical ☐  
Radiation ☐  
Other: \_\_\_\_\_
15. Disinfectant to be used: \_\_\_\_\_

**16. Concentrate organism:**

Yes ☐

No ☐

**Level of Concentration:** \_\_\_\_\_

**17. Specify methods of concentration:**

Centrifugation ☐

Precipitation ☐

Filtration ☐

**Other:** \_\_\_\_\_

**18. Briefly describe experimental protocol for biohazardous material or select agent use:**

**Type of Manipulation:**

**Route of administration:**

**Route of excretion:**

**Biohazardous waste management:**

**Additional Personal Protective Equipment recommended for potentially exposed personal:**

**Laboratory Security Controls:**

**19. Where will the research protocol be carried out?**

**Laboratory** ☐

**Greenhouse** ☐

**Animalo Facility** ☐

**Off-site Farm** ☐

**Environmental Release** ☐

**Principal Investigator's Name:** \_\_\_\_\_

**Principal Investigator Initials:** \_\_\_\_\_

**Location of Research:** \_\_\_\_\_

**Date:** \_\_\_\_\_