

University of Arkansas
Institutional Biosafety Committee
Registration for Research Projects

IBC number:

For Committee Use Only.

FORM 3 - RESEARCH INVOLVING RISK GROUP 2 OR 3 MICROBIOLOGICAL AGENTS

Principal Investigator Name: First M.I. Last

Please complete the following for **each** agent used.

Agent is:

Viral Chlamydial Bacterial Fungal

Parasitic Prion Rickettsial

Other (describe):

Strain of agent:

This agent is a (check **all** that apply):

Human Pathogen (Not animal)

Human/Animal Pathogen

Animal Pathogen (Not human)

Plant Pathogen

Opportunistic Pathogen

Host Range:

Disease or toxin produced:

Name (*genus and species*) of agent:

Route of transmission:

Virulence (lowest infective dose) or toxicity (LD₅₀) (specify animal model e.g. LD₅₀ Rat):

Are there any vaccinations, skin tests or other medical prophylactic treatments or medical surveillance necessitated by work with such agents?

YES

NO

If yes, please explain:

Work with the agent is conducted (check **all** that apply):

- | | | |
|------------------------|------------------|--------------------------------|
| on the lab bench. | in a fume hood | on a clean bench. |
| in a glove box | in a clean room. | in a biological safety cabinet |
| Other (please specify) | at BSL-1 | at BSL-2 |

Has a risk assessment been conducted for this work? Yes No

Describe: