

University of Arkansas
Institutional Biosafety Committee
Registration for Research Projects
FORM 4 - BIOLOGICAL TOXINS

IBC number:

For Committee Use Only.

Principal Investigator Name: First M.I. Last

Identify the toxin and the genus and species of the agent it is derived from:

Is the toxin subject to regulation by the Federal Select Agent Program? [FSAP](#) (click to view) YES NO **Important:** Only exempt quantities of select toxins may be used. See [Select Agent Regulations for exempt quantities. Permissible Toxin Amounts](#) (click to view)

What is the toxicity (LD50)?
(specify animal model e.g. LD50 Rat):

Will the toxin be concentrated? YES NO

Concentration and total volume to be handled at a given time:

The chemical hygiene plan for the laboratory should have a Standard Operating Procedure (SOP) specific to the toxin. Please attach an electronic copy of the SOP and indicate the file name of the attachment here:

For additional information on chemical hygiene plans, please see:
[Chemical Hygiene Plan](#) (click to view)

Identify the hazards that will be encountered in the normal use of the toxin:

Describe, in detail, disposal procedures for the toxin and contaminated materials:

Identify the hazards that will be encountered in case of a spill or other accident with the toxin:

Describe the inventory control system in place. Include description of methods to ensure exemption limits for select toxins are not exceeded: