Form 3: Research with Risk Group 2 or **IBC Number:** Click or tap here to enter text.

RiskGroup 3 Microbial Agents*Committee Use Only*

**Principal Investigator (PI) Name:**  Click or tap here to enter text.

Please complete this form for **each microbial agent used:**

1. Microbial agent is: Choose an item. If "Other" please describe: Click or tap here to enter text.

**Strain of Agent:**

1. The agent is a (check all that apply):

Human pathogen  Animal pathogen  Plant pathogen  Opportunistic pathogen

**Host Range:**

1. Name (*genus and species*) of microorganism: Click or tap here to enter text.
2. Disease or toxin produced by microorganism: Click or tap here to enter text.
3. Route of transmission: Click or tap here to enter text.
4. Virulence (lowest infective dose) or toxicity (LD50). Specify animal model used (*e.g.* LD50 Mouse):

Click or tap here to enter text.

1. Are there any vaccinations, skin tests or other medical prophylactic treatments or medical surveillance required or recommended for working with this microorganism?  Yes  No

If yes, please describe: Click or tap here to enter text.

1. Work with this microorganism will be conducted (check all that apply):

on the lab bench  in a chemical fume hood  on a clean bench

in a glove box  in a clean room  in a biological safety cabinet (BSC)

other, please specify: Click or tap here to enter text.

at BSL-1  at BSL-2

1. Has a risk assessment been completed for this work?  Yes  No

If yes, please describe: Click or tap here to enter text.