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.