Form 8: Notice to Pat Walker Health Center **IBC Number:** Click or tap here to enter text.

*Committee Use Only*

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

**Principal Investigator Contact Information:**

Office (Building and Room Number): Click or tap here to enter text.

Office Cell Phone Number: Click or tap here to enter text.

Cell Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

**Please provide as much detail as possible about the biological agents and/or toxins you will be working with.**

**Agent (*Genus and* Species) or Toxin 1:** Click or tap here to enter text.

Agent Type: Choose an item. If other, describe: Click or tap here to enter text.

Agent Strain (check all that apply): [ ]  Human pathogen [ ]  Animal pathogen

 [ ]  Opportunistic pathogen [ ]  Plant pathogen

Disease or toxin produced and recommended treatment options (include susceptibility testing data if known):

Click or tap here to enter text.

**Agent (*Genus and* Species) or Toxin 2:** Click or tap here to enter text.

Agent Type: Choose an item. If other, describe: Click or tap here to enter text.

Agent Strain (check all that apply): [ ]  Human pathogen [ ]  Animal pathogen

 [ ]  Opportunistic pathogen [ ]  Plant pathogen

Disease or toxin produced and recommended treatment options (include susceptibility testing data if known):

Click or tap here to enter text.

**Agent (*Genus and* Species) or Toxin 3:** Click or tap here to enter text.

Agent Type: Choose an item. If other, describe: Click or tap here to enter text.

Agent Strain (check all that apply): [ ]  Human pathogen [ ]  Animal pathogen

 [ ]  Opportunistic pathogen [ ]  Plant pathogen

Disease or toxin produced and recommended treatment options (include susceptibility testing data if known):

Click or tap here to enter text.

**Agent (*Genus and* Species) or Toxin 4:** Click or tap here to enter text.

Agent Type: Choose an item. If other, describe: Click or tap here to enter text.

Agent Strain (check all that apply): [ ]  Human pathogen [ ]  Animal pathogen

 [ ]  Opportunistic pathogen [ ]  Plant pathogen

Disease or toxin produced and recommended treatment options (include susceptibility testing data if known):

Click or tap here to enter text.

**Agent (*Genus and* Species) or Toxin 5:** Click or tap here to enter text.

Agent Type: Choose an item. If other, describe: Click or tap here to enter text.

Agent Strain (check all that apply): [ ]  Human pathogen [ ]  Animal pathogen

 [ ]  Opportunistic pathogen [ ]  Plant pathogen

Disease or toxin produced and recommended treatment options (include susceptibility testing data if known):

Click or tap here to enter text.

Please list all personnel who could be exposed to any of the agents or toxins listed above.

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| --- | --- |
| **Name** | **Role on project** |
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