

Form 8: NOTICE TO PAT WALKER HEALTH CENTER

Principal Investigator Name: First

M.I.

Last

Principal Investigator Contact Information:

Office (Building and Room Number):

Office Phone Number:

Cell Phone Number:

Email Address:

1.

Agent (*Genus & Species*):

Agent Type:

Viral

Bacterial

Parasitic

Rickettsial

Chlamydial

Fungal

Prion

Other Describe:

Agent Strain: (*check all that apply*)

Human Pathogen (not animal)

Human/Animal Pathogen

Opportunistic Pathogen

Animal Pathogen (not human)

Plant Pathogen

Disease or Toxin Produced and Recommended Treatment Options (i.e. Susceptibility Testing Data if Available)

2.

Agent (*Genus & Species*):

Agent Type:

Viral

Bacterial

Parasitic

Rickettsial

Chlamydial

Fungal

Prion

Other Describe:

Agent Strain: (*check all that apply*)

Human Pathogen (not animal)

Human/Animal Pathogen

Opportunistic Pathogen

Animal Pathogen (not human)

Plant Pathogen

Disease or Toxin Produced and Recommended Treatment Options (i.e. Susceptibility Testing Data if Available)

Form 8: NOTICE TO PAT WALKER HEALTH CENTER (continued)

3.

Agent (Genus & Species):

Agent Type:

Viral Bacterial Parasitic Rickettsial Chlamydial Fungal Prion
Other Describe:

Agent Strain: *(check all that apply)*

Human Pathogen (not animal)

Human/Animal Pathogen

Opportunistic Pathogen

Animal Pathogen (not human)

Plant Pathogen

Disease or Toxin Produced and Recommended Treatment Options (i.e. Susceptibility Testing Data if Available)

4.

Agent (Genus & Species):

Agent Type:

Viral Bacterial Parasitic Rickettsial Chlamydial Fungal Prion
Other Describe:

Agent Strain: *(check all that apply)*

Human Pathogen (not animal)

Human/Animal Pathogen

Opportunistic Pathogen

Animal Pathogen (not human)

Plant Pathogen

Disease or Toxin Produced and Recommended Treatment Options (i.e. Susceptibility Testing Data if Available)

5.

Agent (Genus & Species):

Agent Type:

Viral Bacterial Parasitic Rickettsial Chlamydial Fungal Prion
Other Describe:

Agent Strain: *(check all that apply)*

Human Pathogen (not animal)

Human/Animal Pathogen

Opportunistic Pathogen

Animal Pathogen (not human)

Plant Pathogen

Disease or Toxin Produced and Recommended Treatment Options (i.e. Susceptibility Testing Data if Available)

Form 8: NOTICE TO PAT WALKER HEALTH CENTER (continued)

List of personnel who could be exposed to the agents listed above:

Name

Role