



MICROORGANISMS and PARASITES	FORM BSC-1
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Principal Investigator:	
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1.	Biological Agent:	Name:	Strain:
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Purchased from: (supplier name)

Existing in collection:

Obtained from Colleague: *Attach Material Transfer Agreement**

Isolated from:

***Material Transfer Agreements (MTA) are obtained from the Research Innovation Office**

2. Pathogen Safety Data Sheet: **Yes** **Attach PSDS** **No** *If no, explain:*

Containment Level:

3. Species Affected: _____

4. Routes of transmission: _____

5. Are medical prophylactic (to prevent the occurrence of an infection and/or disease e.g. Vaccines) measures available? If yes, then specify:

6. Is antibiotic resistance known to be expressed? **Yes** **No** **Variable**

7. Is a toxin produced? Yes No Variable Unknown

If yes, is the LD50 more than 100 ng/kg body weight? Yes No

8. Usual volume of culture used:

Are volumes greater than 10L: Yes No.

9. Is the agent inactivated prior to other manipulations? Yes No

(a) Specify method of inactivation: Heat Chemical Radiation Other

10. Is the agent used in animals? Yes No *If yes, complete Form BSC-7.*

11. **References.** *Attach any references that may support this application especially if PSDS cannot be provided.*