Biological agents or substances that could be biohazardous include, but are not limited to, infectious or parasitic agents; non-infectious microorganisms such as bacteria, fungi, yeast, and algae; plants and plant products; and animals and animal products. This inventory should include any of the above items, particularly any agents potentially hazardous to humans, animals, plants, or the environment. **Attach additional pages as necessary.**

Name: ________________________________ Phone Number: ________________

Department: ___________________________ Labs Used:______________________

a. Bacteria
   1. Pathogenic
   2. With drug resistance plasmids
   3. All other bacteria

b. Viruses
   1. Oncogenic
   2. Infectious
   3. Other

c. Fungi

d. Plant viruses, bacteria and fungi

e. Animal viruses, bacteria and fungi

f. Rickettsiae

g. Chlamydiae

h. Parasites

i. Recombinant DNA and products
   1. Cloned DNA for non-toxic proteins or RNA
   2. Cloned DNA for expression of toxins
   3. Other cloned DNA

j. Cultured human or animal cells and the potentially infectious agents these cells may contain

k. All human or animal clinical specimens (tissues, fluids, etc.)

l. Tissues from experimental animals (including animal dander)

m. Whole animals or insects

n. Toxins (bacterial, animal, plant, etc.)

o. Allergens

p. Prions

q. Other biological materials that do not fit the above categories

I have completed the above Biological Material Inventory Form and attest that I am in full compliance with University Policies, in particular Policy 7-19, and further certify that the information contained therein is true and accurate.

______________________________ (Faculty Member’s Name)

______________________________ (Faculty Member’s Signature)  __________ (Date)

--CONTINUED--
I have reviewed the above Biological Material Inventory Form as well as the signed statement above and in the attached form, and attest that the employee is in full compliance with University Policies, in particular Policy 7-19, and further certify that to the best of my knowledge such information contained therein is true and accurate.

_________________________________ (Supervisor's Name/Title)

_________________________________ (Supervisor’s Signature)  _________ (Date)

_________________________________ (Dean’s Signature)  _________ (Date)