Biological Agents Registry Reporting Form

Physical Location of Agent (City, County, State):														
Agent	Strain	Form of agent*			Hanna	Storage	ge Storage Are		Area	Safety	Person in Charge			
		genomic material	Recomb DNA		Toxin code ¹		Building		Room #	level code ³	Name	Phone/Pager	Mailing Address	
* check all applicable boxes 1 Usage codes: 1=vaccine production 2=research purposes				² Storage form codes: 1=frozen 2=tissue culture			3 Safety level codes: Animal Biosafety Level 2=ABSL2 Animal Biosafety Level 3=ABSL3 Animal Biosafety Level 4=ABSL4 Biosafety Level 3=BSL3 Animal Biosafety Level 4=BSL4				Biosafety Level 3=BSL3			
	3=stock cultures for quality control			2=tissue 3=lyophili			rDNA Large A	•			Biosafety Level 4= BSL4 rDNA BSL2= NIH BL2			
	4 =other (specify)			4=other (rDNA Large A				rDNA BSL3= NIH BL3			
						_	rDNA Large A				rDNA BSL4= NIH BL4			
Organization:							rDNA Large S rDNA Large S rDNA Large S	cale BSL3=N	IIH BL3-LS		Handled as a chemical hazard= CHEM HAZ			
Mailing Address:									III DL4-L3					
Federal EIN:						By signing		g form, our			compliance with all applicable la covered by the biological agent		ding the safe and appropriate possessio	n,
Report completed by:						Signature			Title			 Date		
Report Date:						ga.u.o			11.10			240		

Mail completed report and direct all

Office of the BT Coordinator

correspondence to:

Biological Agent Reporting Form: Version 1

Revision Date: 1/10/2002