|  |
| --- |
| **KUMC Institutional Biosafety Committee**  **Pathogen Registration Form** |

***Complete this form for each infectious agent (human pathogen) used in the laboratory. Submit completed form to*** [***ibc@kumc.edu***](mailto:ibc@kumc.edu)**.**

|  |
| --- |
| 1. **ADMINISTRATIVE INFORMATION** |

|  |  |
| --- | --- |
| **PRINCIPAL INVESTIGATOR** |  |
| **SUBMISSION DATE** |  |

|  |
| --- |
| 1. **PATHOGEN INFORMATION** |

|  |  |
| --- | --- |
| **Name of agent, including strain, serotype, pathotype** |  |

|  |  |
| --- | --- |
| **Where will the agent be obtained from?** |  |

|  |  |
| --- | --- |
| **What is the location (building, room #) where the agent is used/manipulated and stored?** |  |

|  |  |
| --- | --- |
| **Has the agent caused known lab-acquired infections?** |  |

|  |  |
| --- | --- |
| **Are there any health conditions (e.g. immunocompromised, pregnancy) that present an increased risk of infection when handling this agent? If yes, explain:** |  |

|  |  |
| --- | --- |
| **Is medical surveillance recommended for working with this agent?** |  |

|  |  |
| --- | --- |
| **List potential routes of transmission to laboratory personnel** |  |

|  |  |
| --- | --- |
| **What is the infectious dose?** |  |

|  |  |
| --- | --- |
| **What is the incubation period before symptoms appear? What are the symptoms of exposure?** |  |

|  |  |
| --- | --- |
| **Is there a vaccine or other therapeutic agent (antibiotic or antiviral) that is effective against the strain(s) in use? If yes, explain:** |  |

|  |  |
| --- | --- |
| **What is the biosafety containment level for handling the agent?** |  |

|  |  |
| --- | --- |
| **What is your expected project timeline for using this agent?** |  |

|  |  |
| --- | --- |
| **List required personal protective equipment when working with the agent** |  |

|  |  |
| --- | --- |
| **How will the agent be inactivated? Include effective disinfectants and contact time if using chemical inactivation** |  |

|  |  |
| --- | --- |
| **Describe spill cleanup procedures for this agent** |  |

|  |  |
| --- | --- |
| **Describe post-exposure procedures for this agent** |  |

|  |  |
| --- | --- |
| **Describe incident reporting procedures for a spill or exposure of this agent** |  |

***Useful Resources*:**

[Pathogen Safety Data Sheets](https://www.canada.ca/en/public-health/services/laboratory-biosafety-biosecurity/pathogen-safety-data-sheets-risk-assessment.html)

[BMBL 5th Edition](https://www.cdc.gov/biosafety/publications/bmbl5/index.htm)