|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Hazards | | | | | | | | |
| 1. Biological Agents | | | | | Yes  No | | | |
| Human Cell Lines, Tumors, Blood  Infectious Agents  rDNA  Other: | | | | | | | | |
| * 1. List agents, source and indicate biosafety level for each. *Add rows if needed* | | | | | | | | |
| Agent | | | Source | | | Biosafety Level | | |
|  | | |  | | |  | | |
| * 1. Complete table for each agent separately. *add rows if needed* | | | | | | | | |
| Agent | Route & Site | | | Dose | | | Frequency | |
|  |  | | |  | | |  | |
| * 1. Has an application been submitted to the IBC or relevant committee for the use of agent? | | | | | | | | |
| Yes – provide date of approval and reference number:  No – explain status of application: | | | | | | | | |
| * 1. If derived from rodents or humans, has the material been tested for pathogens as described in IACUC [Policy 017 Transplantable Cell Lines](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20017%20-%20Transplantable%20Cell%20Lines%20in%20Rodents%2027March2015.pdf)*? Discuss testing options with the Attending Veterinarian. Results must be approved by the Attending Veterinarian prior to introduction to animals.* | | | | | | | | |
| Yes – Please attach certification of testing  No – Provide justification:  N/A | | | | | | | | |
| * 1. Describe what procedures will be taken to minimize exposure risk. *Include PPE, equipment use, frequency of use, and any other relevant information.* | | | | | | | | |
|  | | | | | | | | |
| 1. Radioactive Material / Lasers | | | | | Yes  No | | | |
| 1. Type | | | | | Radioisotopes  Lasers  X-ray  Irradiator  Other: | | | |
| 1. List isotopes | | | | |  | | | |
| 1. Indicate where work will be conducted: | | | | |  | | | |
| * 1. Describe what procedures will be taken to minimize the exposure risk. *Include PPE, equipment use, frequency of use, and any other relevant information.* | | | | | | | | |
|  | | | | | | | | |
| 1. Chemical Agents / Drugs / Controlled Substances   *Refer to IACUC* [*Policy 015 - Use of Non-Pharmaceutical Grade Compounds and/or Expired Medical Materials*](http://research.utep.edu/Portals/99/iacuc/docs/IACUC%20Policies/IACUC%20Policy%20015%20-%20Use%20of%20Non-Pharmaceutical%20Grade%20Compounds_21Nov2014.pdf) | | | | | Yes  No | | | |
| 1. Complete table for each agent separately. *add rows if needed* | | | | | | | | |
| Agent | | Site & Route | | | Dose & Frequency | | | Pharmaceutical Grade  (Yes, No\* or N/A) |
|  | |  | | |  | | |  |
| 1. Source: | | | | |  | | | |
| 1. Where will materials be stored? | | | | |  | | | |
| 1. Describe what procedures will be taken to minimize the exposure risk. *Include PPE, equipment use, frequency of use, and any other relevant information.* | | | | | | | | |
|  | | | | | | | | |
| **\*Non-Pharmaceutical Grade Compounds ONLY**   1. Justify why compounds will be used? | | | | | | | | |
|  | | | | | | | | |
| **\*Non-Pharmaceutical Grade Compounds ONLY**   1. Describe the preparation, approximate pH, storage and stability, shelf life, sterility & pyrogenicity of each compound. | | | | | | | | |
|  | | | | | | | | |
| 1. Other Hazards | | | | | Yes  NO | | | |
| 1. Substance and Hazard: | | | | |  | | | |
| 1. Location(s) where substance will be stored: | | | | |  | | | |
| 1. Describe what procedures will be taken to minimize the exposure risk. *Include PPE, equipment use, frequency of use, and any other relevant information.* | | | | | | | | |
|  | | | | | | | | |
| 1. Adverse effects | | | | | | | | |
| 1. Explain how animals will be monitored to detect adverse effects (if any) such as reactions, infections, behavioral changes, etc. | | | | | | | | |
|  | | | | | | | | |
| 1. Identify the proposed actions to be taken for each adverse effect | | | | | | | | |
|  | | | | | | | | |