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| --- |
| 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
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|   |