

Acknowledgement of Receipt of Information: Investigational New Drug (IND) Vaccines

Employee Name (Print):	UFID #:
Department:	Project Registration #:
PI/Supervisor:	

Instructions:

1. This form should be used to document receipt of information that IND vaccines may be available for *Francisella tularemia*, Rift Valley Fever Virus, Venezuelan equine encephalomyelitis and Eastern equine encephalitis virus through the Special Immunizations Program administered through USAMRIID at Ft. Detrick, Maryland.
2. Review the [associated disease packets](#) and Complete Section A.
3. Return the completed, signed form to the UF Biological Safety Office (Fax: 352-392-3647).
4. For questions and assistance in completing this form, contact the Biosafety Office (352-392-1591).

Section A: Acknowledgement of Receipt of Information on Available IND Vaccines (REQUIRED)

I UNDERSTAND that I may be at risk for occupational exposure to _____, a highly pathogenic agent for which there is no licensed, commercial vaccine. However, I have been informed that the Special Immunizations Program (SIP) administered by the US Army Medical Research and Material Command at its Medical Material Development Activity and Medical Research Institute of Infectious Diseases (USAMRIID) in Fort Detrick, Maryland has a limited number of vaccines available via an Investigational New Drug (IND) protocol. Enrollment in the SIP program is required to receive these experimental IND vaccines.

These vaccines are not required for work with these agents at UF. A PI or PI's Department may contact the SIP directly for more information about these vaccines, the cost of participation in the program and the SIP Program requirements:

Phone: 301-619-4653 or 301-619-4641
 Mail: Special Immunizations Program
 US Army Medical Research Institute of Infectious Diseases (USAMRIID)
 1425 Porter Street
 Fort Detrick, MD 21702-5011

By signing below, I acknowledge that I have been made aware that an IND vaccine may be available through the SIP program and have been provided with contact information for the SIP program if I would like further information regarding the vaccine and participation in the program.

Signature: _____ Date: _____
 Employee