Biological Agent Inventory Form

Principal Investigator: _____ Telephone: _____
Department: _____ Building/Room #: _____
Lab Contact: _____ Telephone: _____

The inventory should include all Risk Group 2 and 3 human or animal pathogens and acute biological toxins in your possession.

Agent Identification Genus, species, strain designation, isolate, and other relevant information.	**Source of Acquisition** Commercial (list name of vendor) Gift (list institution and donor name)	**Approximate amount on hand** (# of vials, volume, concentration, etc.)

Use additional sheets if necessary. Header information and signature is required on all sheets.

I have completed the above Biological Agent Inventory and certify that the information above is accurate and complete to the best of my knowledge.

_____
PI Signature Date

Return to UF Biosafety Office by email (bso@ehs.ufl.edu), fax (352-392-3647), or campus mail (Box 112190)