



# Brandeis University

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## Biosafety Approval Form – New Protocol Attachment B: Use of Infectious Agents

Protocol Number: \_\_\_\_\_

### Infectious Agent(s) Detail

Agent Name	Strain(s)	Risk Group	Used in Vitro	Used in Vivo
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> RG1 <input type="checkbox"/> RG2 <input type="checkbox"/> RG3 <input type="checkbox"/> RG4	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Infectious Agent(s) Procedures

Describe procedures for handling, containing, transporting and disposing of infectious agents

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