

University of Arkansas  
Institutional Biosafety Committee  
Registration for Research Projects

IBC number:

For Committee Use Only.

**FORM 3 - RESEARCH INVOLVING MICROBIOLOGICAL AGENTS**

**Principal Investigator Name:** First  M.I.  Last

Please complete the following for **each** agent used.

Agent is:

- Viral                       Chlamydial                       Bacterial                       Fungal  
 Parasitic                       Prion                       Rickettsial  
 Other (describe):

**Strain of agent:**

This agent is a (check **all** that apply):

- Human Pathogen (Not animal)                       Human/Animal Pathogen  
 Animal Pathogen (Not human)                       Plant Pathogen                       Opportunistic Pathogen

**Host Range:**

Disease or toxin produced:

Name (*genus and species*) of agent:

Route of transmission:

Virulence (lowest infective dose) or toxicity (LD<sub>50</sub>)  
(specify animal model e.g. LD<sub>50</sub> Rat):

Are there any vaccinations, skin tests or other medical prophylactic treatments or medical surveillance necessitated by work with such agents?

- YES                       NO

If yes, please explain:

Are there any vaccinations, skin tests or other medical prophylactic treatments or medical surveillance necessitated by work with such agents?

- YES                       NO

If yes, please explain:

Work with the agent is conducted (check **all** that apply):

- on the lab bench.       in a fume hood       in a clean bench.  
 in a glove box       in a clean room.       in a biological safety cabinet  
 Other (please specify)