

University of Arkansas
Institutional Biosafety Committee
Registration for Research Projects

IBC number:

For Committee Use Only.

FORM 4 - BIOTOXINS

Principal Investigator Name: First M.I. Last

Identify the biotoxin and the genus and species of the agent it is derived from:

Is the biotoxin a select agent? YES NO *If yes, Form 8 must also be completed.*

What is the toxicity (LD₅₀)?

(specify animal model e.g. LD₅₀ Rat):

Will the biotoxin be concentrated? YES NO

Concentration and total volume to be handled at a given time:

The chemical hygiene plan for the laboratory should have a Standard Operating Procedure (SOP) specific to the biotoxin. Please attach an electronic copy of the SOP (Word Wordperfect format) and indicate the file name of the attachment here:

For additional information on chemical hygiene plans, please see:

["http://fama.uark.edu/ehs/ChemicalHygiene05.PDF"](http://fama.uark.edu/ehs/ChemicalHygiene05.PDF)

Identify the hazards that will be encountered in the normal use of the biotoxin:

Describe, in detail, disposal procedures for the biotoxin and contaminated materials:

Identify the hazards that will be encountered in case of a spill or other accident with the biotoxin:

Describe the inventory control system: