University of Massachusetts
UMASS Lowell

ENVIRONMENTAL EMERGENCY MANAGEMENT
ENVIRONMENTAL HEALTH AND SAFETY

BIOLOGICAL AGENTS INVENTORY FORMS

Principal Investigator:_____ Telephone:_____
Department:_____ Building/ room #:_____
Lab contact:_____ Telephone:_____

Please list all biological agents used in your laboratory such as the following:
Bacteria, viruses, recombinant materials, cultured human cell lines, clinical specimens as blood, bodily fluids, tissue or biopsies, tissue from experimental animals, toxins of biological origin, prions, fungi, rickettsia, chlamydia, parasites, etc.

Biological Agent Name (*)	Source Commercial/ If Gift (Institution and donor name)	Amount stored	Biosafety Level Used	Registration with the IBC	Active Use in Lab Yes/No	Active Use in Animals Yes/No

(*)Please write the complete name of the agent (e.g. human blood, E. coli 0157; brain biopsy, E. coli K12, GFP-pX2)

If you have any questions related to this form or any biosafety issue, contact the Biosafety Officer ruth_medina@uml.edu or call EEM-EHS at 978-934-**2618**.