

LABORATORY SAFETY DATASHEET

_____ new or competing renewal _____ revision or non-competing renewal (only indicate new changes)

Principal Investigator (degree):

PI's Department:

Check one: _____ BU Medical Campus (BUMC)

_____ Boston Medical Center (BMC)

PI's Phone Number:

PI's e-mail address:

Laboratory location(s) where work will be performed (indicate biosafety level if multiple labs are to be used):

Laboratory phone number(s):

Name of Chemical Hygiene Officer (CHO):

CHO's e-mail address:

Emergency contact information (name and phone number, 24/7):

Biosafety level: _____ BL1 _____ BL2 _____ BL2+ _____ BL3 (can check more than one)

rDNA: _____yes _____no rDNA approval number(s):

Human Subjects: _____yes _____no IRB approval number(s):

Laboratory animals: _____yes _____no IACUC approval number(s):

Use of human blood, tissues, cells, or blood products: _____yes _____no

Are laboratory workers vaccinated against hepatitis B? _____yes _____no

Viruses: _____yes _____no list:

Bacteria: _____yes _____no list:

Other microbes or non-vertebrate organisms: _____yes _____no list:

Microbial toxins (natural, synthetic, derivatives): _____yes _____no list:

Radioisotopes: _____none _____32P _____35S _____3H _____14C _____125I _____51Cr

Other radioisotopes:

Are research materials provided by (circle one) an outside investigator, institution, or company (*i.e.* not commercially available research materials)? _____yes _____no

Is there a Materials Transfer Agreement? _____NA, _____on file, _____under negotiation/pending at either _____BUMC, or _____BMC

Signature of PI: _____ **Date:** _____