Toxin Declaration

Form

Date: 04/12/17
Revision #: 02

Laboratory Director:
Department:

Laboratory Room Number(s):
Building:

Phone:: FAX: E-mail:

Check “X” for each toxin used or possessed within your lab and list amount.

HHS SELECT AGENT TOXINS

☐ Abrin
☐ Botulinum Neurotoxins
☐ Short, Paralytic Alpha Conotoxins
☐ Diacetoxyscirpenol (DAS)
☐ Ricin
☐ Saxitoxin
☐ Tetrodotoxin
☐ Staphylococcal Enterotoxin (Subtypes A, B, C, D and E)
☐ T-2 toxin

Type of Work Performed by Laboratory

☐ Diagnostic Work
☐ Vaccine Development
☐ Research
☐ Use in animals
☐ Large Scale Production
☐ Teaching
☐ Storage Only (No current work)
☐ Other (Specify):

- I hereby certify that I am the designated Responsible Party or Laboratory for the laboratory listed above, and that the information supplied on this form is to the best of my knowledge accurate and truthful. I understand that failure to abide by these quantity limits for specified toxins will result in a Federal violation of the Select Agent Regulations, which may have serious consequences including criminal penalties.
- I understand the quantity exemption limit for the select agent toxin(s) in my possession and I agree to never exceed the applicable possession limit without prior approval from the Department of Environment, Health & Safety (EHS)
- I agree to maintain an accurate inventory log for the select agent toxin(s) in my possession.
- I agree to notify EHS prior to any new select agent toxin(s) acquisitions or purchase
- I agree to not transfer any select agent toxin(s) to another investigator within the U-M or outside the U-M. All transfer requests must be made to EHS regardless of quantity.
- I agree to notify EHS when I am no longer in possession of any select agent toxin(s)

Signature of Laboratory Director
Printed Name
Date

Return Completed Form to EHS:
Email: EHS-Biosafety@umich.edu
FAX: 734-763-1185
Campus Mail: 1239 Kipke Dr CSSB 48109-1010