



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	AMOUNT IN POSSESSION
<input type="checkbox"/> Abrin	
<input type="checkbox"/> Botulinum Neurotoxins	
<input type="checkbox"/> Short, Paralytic Alpha Conotoxins	
<input type="checkbox"/> Diacetoxyscirpenol (DAS)	
<input type="checkbox"/> Ricin	
<input type="checkbox"/> Saxitoxin	
<input type="checkbox"/> Tetrodotoxin	
<input type="checkbox"/> Staphylococcal Enterotoxin (Subtypes A, B, C, D and E)	
<input type="checkbox"/> T-2 toxin	
Type of Work Performed by Laboratory	<input type="checkbox"/> Diagnostic Work <input type="checkbox"/> Vaccine Development <input type="checkbox"/> Research <input type="checkbox"/> Use in animals <input type="checkbox"/> Large Scale Production <input type="checkbox"/> Teaching <input type="checkbox"/> Storage Only (No current work) <input type="checkbox"/> 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
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Return Completed Form to EHS:

Email: EHS-Biosafety@umich.edu

FAX: 734-763-1185

Campus Mail: 1239 Kipke Dr CSSB 48109-1010