



Toxin Declaration Form

Date 04/22/25

Revision #: 03

Laboratory Director:

Department:

Laboratory Room Number(s):

Building:

Phone:

Email:

Check "X" for each toxin used or possessed within your lab and list the maximum amount you will possess:

	HHS SELECT AGENT TOXIN	PERMISSIBLE TOXIN AMOUNT	MAXIMUM AMOUNT TO BE POSSESSED BY LAB
<input type="checkbox"/>	Abrin	1000 mg	
<input type="checkbox"/>	Botulinum Neurotoxins	1 mg	
<input type="checkbox"/>	Short, Paralytic Alpha	200 mg	
<input type="checkbox"/>	Diacetoxyscirpenol (DAS)	10,000 mg	
<input type="checkbox"/>	Ricin	1000 mg	
<input type="checkbox"/>	Saxitoxin	500 mg	
<input type="checkbox"/>	Staphylococcal Enterotoxin (Subtypes A, B, C, D and E)	100 mg	
<input type="checkbox"/>	T-2 toxin	10,000 mg	
<input type="checkbox"/>	Tetrodotoxin (TTX)	500 mg	

Indicate the type(s) of work performed by the laboratory with the agent toxin(s):

- | | | |
|--|---|--|
| <input type="checkbox"/> Diagnostic Work | <input type="checkbox"/> Use in animals | <input type="checkbox"/> Storage Only |
| <input type="checkbox"/> Vaccine Development | <input type="checkbox"/> Large Scale Production | <input type="checkbox"/> Other (Please Specify): |
| <input type="checkbox"/> Research | <input type="checkbox"/> Teaching | |

- 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 permissible toxin amount 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 update this Toxin Declaration Form to accurately reflect the select agent toxin work performed by the laboratory listed above and return the updated form to EHS.
- I agree to update my IBC application and to accurately reflect the select agent toxin work performed by the laboratory listed above, including updating the application when I am no longer in possession of any select agent toxin(s).
- I agree to securely store select agent toxin(s) in a locked freezer, refrigerator, or cabinet when not in use.
- I agree to maintain an accurate inventory log for the select agent toxin(s) in my possession.
- 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.

Signature of Laboratory Director

Printed Name

Date

Please return this completed form to EHS Biosafety:

Email: EHSBiosafety@umich.edu

Campus Mail: *Attn: Biosafety*
1239 Kipke Dr CSSB 48109-1010