

University of Delaware
Biological Material Inventory Form

Biological agents or substances that could be biohazardous include, but are not limited to, infectious or parasitic agents; non-infectious microorganisms such as bacteria, fungi, yeast, and algae; plants and plant products; and animals and animal products. This inventory should include any of the above items, particularly any agents potentially hazardous to humans, animals, plants, or the environment. **Attach additional pages as necessary.**

Name: _____ Phone Number: _____

Department: _____ Labs Used: _____

- a. Bacteria
 - 1. Pathogenic _____
 - 2. With drug resistance plasmids _____
 - 3. All other bacteria _____
- b. Viruses
 - 1. Oncogenic _____
 - 2. Infectious _____
 - 3. Other _____
- c. Fungi _____
- d. Plant viruses, bacteria and fungi _____
- e. Animal viruses, bacteria and fungi _____
- f. Rickettsiae _____
- g. Chlamydiae _____
- h. Parasites _____
- i. Recombinant DNA and products
 - 1. Cloned DNA for non-toxic proteins or RNA

 - 2. Cloned DNA for expression of toxins _____
 - 3. Other cloned DNA _____
- j. Cultured human or animal cells and the potentially infectious agents these cells may contain

- k. All human or animal clinical specimens (tissues, fluids, etc.)

- l. Tissues from experimental animals (including animal dander)

- m. Whole animals or insects _____
- n. Toxins (bacterial, animal, plant, etc.) _____
- o. Allergens _____
- p. Prions _____
- q. Other biological materials that do not fit the above categories

I have completed the above Biological Material Inventory Form and attest that I am in full compliance with University Policies, in particular Policy 7-19, and further certify that the information contained therein is true and accurate.

_____ (Faculty Member's Name)

_____ (Faculty Member's Signature)

_____ (Date)

I have reviewed the above Biological Material Inventory Form as well as the signed statement above and in the attached form, and attest that the employee is in full compliance with University Policies, in particular Policy 7-19, and further certify that to the best of my knowledge such information contained therein is true and accurate.

_____ (Supervisor's Name/Title)

_____ (Supervisor's Signature)

_____ (Dean's Signature)

_____ (Date)

_____ (Date)