

**FORM V. BSL-3 Agent Registration Form**

PLEASE USE A SEPARATE FORM FOR EACH AGENT THAT YOU ARE REGISTERING

**I. Agent** (Family, Genus, Species) Click or tap here to enter text.

II. Is this a select agent\*? .............................. YES [ ]  NO [ ]

*If yes, please contact EHRS for further assistance.*

1. **Have you worked with this BSL-3 agent before?**

....................... YES [ ]  NO [ ]

1. **Anticipated project start date** (MM/DD/YY) Click or tap here to enter text.
2. **Duration expected** (months) Click or tap here to enter text.
3. **Where will you obtain the BSL-3 agent?** Click or tap here to enter text.
4. **Do you plan on storing this agent outside of the BSL-3 lab?**

....................... YES [ ]  NO [ ]

1. **Will you be using cell lines?......................... YES** **[ ]  NO** **[ ]**

*If yes, please attach the names and source of cell lines to this form.*

1. **Will you be using any of the following animals?**

1. Mice ................................................. YES [ ]  NO [ ]

2. Rats .................................................. YES [ ]  NO [ ]

5. Other ................. Name Click or tap here to enter text.

\**After gathering all the necessary documents*, *select agent registration takes months to complete. Please contact EHRS if you plan on working with a select agent.*