**Veterinary Medical Park- BSL2 Housing Request**

**Investigator**:                      **AUP Number:** **IBC Permit #:**           

**No. of Buildings Requested:**       **Date Animals Ordered:**

1. Type of Agent:  Infectious  Chemical Carcinogen  Radioactive  Other

Specify:

2. Specific name of Agent:

3. Animal to be used:

4. How will these animals be infected?

5. What is the expected duration and route of excretion of the agent?

6. How is the agent likely to be transmitted to workers?

7. Which of the following procedures will be necessary to prevent human infection and contain this agent in the Biosafety Facility?  Shower Procedure  Shoe Cover  Paper Mask  Respirator  Gown

Gloves  Other

Specify:

8. Beginning Study Date:      Ending Study Date:

9. Who will be authorized to enter the Biosafety Building? Please give name and title:

|  |  |
| --- | --- |
| **Name** | **Title** |
|  |  |
|  |  |
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**By marking this box, I agree that all of the information provided above is correct. I also understand that this form does NOT guarantee the assignment of a BSL2 Building.**

                      

**Department Date Phone**

For VMP Use ONLY:

Person and Date Notified:

Notified By: Assigned to Building #: