THE UNIVERSITY OF ALABAMA® | Division of Finance and Operations
Environmental Health and Safety

Biological Material Inventory Form

University of Alabama
Biological Safety Program
Phone: (205) 348-5941
Email: bso@ua.edu

FOR EHS BIOSAFETY OFFICE USE ONLY

INVENTORY #	
RECEIPT DATE	

Instructions for Adobe:

- *Open the form in Adobe and select "Fill and Sign".*
- *Select field and enter data.*
- *Keep a copy of the final inventory for your reference and records.*
- *Submit the completed form to the Biosafety Officer via email (bso@ua.edu).*
- *The Biosafety Officer will review the form and respond with any necessary revisions prior to acceptance.*
- *Any questions should be directed to the Biosafety Officer at bso@ua.edu.*

☐ I ***am not*** working with recombinant or synthetic nucleic acids (r/sNA), or any Risk Group 2 infectious agents (necessitating the use of BSL2 rated facilities), or toxins that require submittal of the **UA Biological Use Authorization (BUA) Form** to OREC.

☐ I ***am*** working with the above materials or agents and have completed, and submitted to OREC, the **UA Biological Use Authorization (BUA) Form** required for working with those molecules, materials, toxins, tissues, or agents.

Principal Investigator (PI) or Faculty Information:	
PI:	Title:
Department:	Email:
Phone #:	Emergency #:
Laboratory Location:	Office:

Type of Laboratory: *(select more than one if applicable):*

☐ Clinical ☐ Research ☐ Teaching ☐ Biotechnology ☐ Other (Describe):

Check all categories of materials used relative to this inventory (select more than one if applicable):

☐ Mammalian Materials or Tissues:
☐ Non-pathogenic organisms (e.g., E. coli K12)
☐ Pathogenic organisms (e.g., S. aureus_MRSA)
☐ Environmental Samples
☐ Microbial Toxins or Select Agents
☐ Insects or Plants
☐ Animals

*[**BSL 1 & 2:** Please note that work with recombinant/synthetic nucleic acid molecules, genetically engineered animals, human and non-human primate materials (blood, fluids, organs, tissues and cells), biological toxins, select agents and toxins require a full **Biological Use Authorization** form to be completed, reviewed, and approved before materials are obtained and work begins. Contact the UA Biological Safety Program with any questions].*

I. Laboratory Personnel: *Please list all personnel at the date of this inventory, including Principal Investigator* (Biosafety **Required** Coursework through CITI).

CITI Requirement #1: for Investigators, Students, and Staff

- Research Biosafety: Handling Biohazardous Materials (Renewal every 3 years)

CITI Requirement #2: for PI, senior research staff, and administrators that are responsible for shipping of biological materials.

- Shipping and Transport of Biological Materials (Renewal every 3 years)

Name *Last, First*	**Email**	**CITI Required #1** Research Biosafety: Handling Biohazardous Materials **Completed?**	**CITI Required #2** Shipping and Transport of Biological Materials **Completed?**
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

II. Locations (list each of YOUR lab spaces. Indicate the overall BSL for that space.

Building & Room #		***Biosafety level for each room**	**Is this a shared space?**
		BSL 1 ☐ BSL2 ☐	Yes ☐ No ☐
		BSL 1 ☐ BSL2 ☐	Yes ☐ No ☐
		BSL 1 ☐ BSL2 ☐	Yes ☐ No ☐
		BSL 1 ☐ BSL2 ☐	Yes ☐ No ☐
		BSL 1 ☐ BSL2 ☐	Yes ☐ No ☐

*Biosafety level (BSL) Condensed Descriptions:

Biosafety Level 1 (BSL1) – Suitable for work generally involving Risk Group 1(RG1) agents of minimal potential hazard to laboratory personnel and environment – standard microbiological practices employed.

Biosafety Level 2 (BSL2) – Suitable for work generally involving Risk Group 2 (RG2) agents which are those of moderate potential hazard to laboratory personnel and environment (i.e., human-derived cells or cell lines, tissues, specimens, viral, bacterial, fungal, non-human primate materials). Standard microbiological practices plus BSL2 practices employed (BMBL 6th edition).

Location of Research Equipment:	Type:	Building/Rm. #
Biosafety cabinet(s) (BSCs)	Class I	
Biosafety cabinet(s) (BSCs)	Class I	
Autoclave(s)		
Centrifuge(s)	Ultra high-speed (specialized rotor)	
Centrifuge(s)	Ultra high-speed (specialized rotor)	
Centrifuge(s)	Ultra high-speed (specialized rotor)	
Centrifuge(s)	Ultra high-speed (specialized rotor)	

Section III Instructions:

1. *Identify all biological agents or materials used in your laboratory including Bacteria, viruses, recombinant materials, cultured human cell lines, clinical specimens e.g., blood, bodily fluids, tissue or biopsies, tissue from animals, toxins of biological origin, prions, fungi, rickettsia, chlamydia, parasites, etc.*

2. *Please write the complete name of the agent (e.g., Escherchia coli (K-12), Methicillin-Resistant Staphylococcus aureus),* ***do not*** *use abbreviations.*

3. *Clinical samples may be* ***de-identified****, in which case, please identify facility and date from which the sample was obtained. e.g., Human: serum_MD Anderson Cancer Ctr._12-1-2020.*

4. *Provide catalog numbers, if possible, for samples purchased from vendors such as ATCC, etc.*

5. *If you aren't sure of the source of your material, or labeling has been destroyed, properly dispose of the unknown sample following UA waste disposal protocol. Unknown samples should be treated as BSL2 and disposed of as medical waste.*

III. Biological Materials: Lines 1 & 2 are examples only. Begin your entries on Line 3.

Material(s) / Agents	**Category:** Virus, Bacteria, Yeast/Fungi, Other (Mycoplasma, Parasites, Prions, Chlamydia, Viroids)	**Genus, Species, Strain# or other identifier(s):**	**Tissue / Cell Culture** (Cell Line Designation)	**Source of Material** (e.g., ATCC, vendor, collaborator lab donation) (Name & Location)
E. coli bacteriophage T3	Virus: Bacteriophage	T3	n/a	ATCC #11303-B3
Clinical: Hu epithelial cells containing HPV	Human tumor biopsy	n/a	Primary cells	MD Anderson Cancer Ctr._Dec. 1, 2020

*Attach own spreadsheet if desired. It must contain all columns and equivalent data.

IV. List the PPE requirements for your lab:

V. Additional Notes: include anything that would not otherwise fit into the spaces above.

Principal Investigator:

Completion Date: