

**Claremont McKenna College and Harvey Mudd College
Institutional Animal Care and Use Committee
Request to use hazardous agents in live vertebrate animals**

Date submitted: Click or tap here to enter text.

Project Title: Click or tap here to enter text.

Principal Investigator (PI): Click or tap here to enter text. **College:** Click or tap here to enter text.

PI email address: Click or tap here to enter text. **PI phone number:** Click or tap here to enter text.

Hazards Associated with the Proposed Research

Check all that apply and complete the appropriate section of the form below.

Chemical: ☐ Section 1

Physical: ☐ Section 2

Infectious Agent(s): ☐ Section 3

Section 1: Chemical

- a. Name of chemical: Click or tap here to enter text.
- b. Hazard class (check all applicable)
Carcinogen: ☐ Mutagen: ☐ Reproductive Toxin: ☐
Toxicant: ☐ Irritant: ☐ Nanoparticle: ☐
Other, list: ☐ Click or tap here to enter text.
- c. Route of excretion (check all applicable)
- d. Hazardous metabolites generated? No ☐ Yes; please list below ☐
Click or tap here to enter text.
- e. Length of time chemical or hazardous metabolites will be excreted or present in bedding:
Click or tap here to enter text.
- f. Will vivarium technicians be involved in care of these animals? No ☐ Yes ☐
- g. Describe briefly how waste (bedding, carcasses) will be collected, stored, and disposed.
Click or tap here to enter text.
- h. Volume/concentration and administration route expected to administer to animal:
- i. Engineering controls used to prepare agent for administration:
- j. Additional personal protective equipment to be used (minimum PPE working with chemicals include lab coat, safety goggles/glasses, and nitrile gloves):

Section 2: Physical

(e.g.: laser, magnet, venom collection)

- a. Device, if applicable: Click or tap here to enter text.
- b. Location: Click or tap here to enter text.
- c. Describe use, including exposure conditions (e.g., laser wavelength and power, MHz/Tesla, potential hazard): Click or tap here to enter text.

Section 3: Infectious Agent(s)

- a. Agent:
- b. Biosafety Level: 1 ☐ 2 ☐
- c. Infectious for: human ☐ non-human animal ☐

- d. Length of time agent shed or present in bedding: [Click or tap here to enter text.](#)
- e. Indicate whether transmission of infectious agent may occur in the following ways.
 Transmission from animal to animal: Yes ☐ No ☐ Not Known ☐
 Transmission from animal to human: Yes ☐ No ☐ Not Known ☐
 Environmental transmission: Yes ☐ No ☐ Not Known ☐
- f. Route of transmission:
 Urine ☐ Yes ☐ No ☐ Not Known
 Feces ☐ Yes ☐ No ☐ Not Known
 Saliva ☐ Yes ☐ No ☐ Not Known
 Fomite ☐ Yes ☐ No ☐ Not Known
 Other ☐ Yes List: [Click or tap here to enter text.](#)
- g. Disinfectant to use: [Click or tap here to enter text.](#)
- h. Volume/concentration and administration route expected to administer to animal:
[Click or tap here to enter text.](#)
- i. Engineering controls used to prepare/administer agent to animal: [Click or tap here to enter text.](#)
- j. Additional personal protective equipment to be used (minimum PPE working with chemicals include lab coat, safety goggles/glasses, and nitrile gloves): [Click or tap here to enter text.](#)
- k. Immunization/treatment available: [Click or tap here to enter text.](#)
- l. Will RDSC vivarium technicians be involved in the care of these animals? No ☐ Yes ☐
- m. Describe briefly how waste (bedding, carcasses) will be collected, stored, and disposed.
[Click or tap here to enter text.](#)
- n. Have you been issued authorization by the CMC or HMC Biosafety Committee to use BSL2 agents?
 Yes ☐ No ☐ Request under review ☐ N/A ☐

Important Reminder: Approval from the IACUC and the ECHO/EH&S must be granted before any work utilizing the above agents in/with animals may begin. Based on risk assessment, a hazard start-up meeting between the PI, ECHO/EH&S and vivarium management may be required.

Principal Investigator Certification

☐ I certify that submission of this form electronically via email to the IACUC Chair will be taken as my signature on this document.

FOR IACUC & ECHO/EH&S USE ONLY

ECHO/EH&S review by: [Click or tap here to enter text.](#) Date: [Click or tap here to enter text.](#)

Comments: [Click or tap here to enter text.](#)

IACUC Comments: [Click or tap here to enter text.](#)

Date of approval: [Click or tap here to enter text.](#)