

Select Agent or Toxin Destruction

University of Oklahoma Health Sciences Center

Please complete this form for the final destruction of your Select Agent or Toxin stocks. Before you do so, contact the Institutional Biosafety Committee(IBC) to verify the procedure and arrange for IBC witnesses. Per 42 CFR 73.7(h) and 73.21, **the U.S. Department of Health and Human Services must be notified in writing** of any destruction for the purpose of discontinuing activities of a non-exempt registered Select Agent or Toxin five business days prior to destruction. Please call the Environmental Health and Safety Office if you have any questions.

Principal Investigator:	Phone:
Department:	Laboratory location (building & room):
Select Agent Description:	
<p style="text-align: center;">Use</p> Biomedical Research Patient Care Vaccine (inactivated form) Clinical Specimen Diagnostic Other–Please describe:	<p style="text-align: center;">Exemption Status</p> 42 CFR 73 Exempt 42 CFR 73 Non-exempt
	<p style="text-align: center;">Registration</p> 42 CFR 73 Registered Not registered
Destruction Procedure (attach procedure and provide reference):	
Destroyed By (Print Name):	Destroyed By (Signature):
IBC Witness (Print Name):	IBC Witness (Signature):
IBC Witness (Print Name):	IBC Witness (Signature):
Signature of Principal Investigator: I certify that the agent is accurately described and that it is no longer in my possession or in possession of persons who work under my direction.	Date Destroyed: