**Intake Form Example:**

***Please note that core personnel may request that you provide your registered Biosafety protocol. Core personnel may contact the Office of Biological Safety with any questions or concerns.***

|  |  |
| --- | --- |
| Principal Investigator |  |
| Client contact information (name, phone number) |  |
| Bio-ARROW protocol number |  |
| Is the sample fixed? (select one) |  Yes No |
| Biosafety Level (select one) |  BSL1 BSL2 BSL3 |
| Specify the source of the sample (e.g., mouse, human, non-human primate): |
| Specify the sample type (e.g., primary cells, cell line, blood, tissue, urine, nasal swab, environmental sample): |
| List any microbes or disease-causing agents administered (i.e., bacteria, viruses, fungi, prions, protozoans or parasites): |
| Describe any recombinant modifications: |
| List any biological toxins (e.g., bacterial toxins, mycotoxins, seafood toxins, venoms) administered: |
| Please provide any additional relevant information for the sample (e.g., antibiotic resistance, method of fixation, validation of fixation method, disinfection/inactivation procedure): |
| Occupational health considerations (e.g., respirator use, vaccinations): |

**Core facilities may use the above example form, customize the above example form, or create their own from for submission of samples or request for services.**