



CAUTION

**AUTHORIZED PERSONNEL ONLY
RISK GROUP 2 AGENT(S) IN USE
(BSL-2)**



BIOHAZARD

BIOLOGICAL AGENT(S): _____

PRINCIPAL INVESTIGATOR: _____

EMERGENCY PHONE NUMBER(S): _____

IMMUNIZATIONS REQUIRED: _____

PERSONAL PROTECTIVE EQUIPMENT REQUIRED: _____

SPECIAL HAZARDS: _____