TOXIN DECLARATION FORM

1. Principal Investigator: 
2. Department: 
3. Laboratory Room Number(s): 
4. Building: 
5. Phone: 
   FAX: 
6. E-mail: 

Check “X” for each Toxin Used or Possessed within your lab and list amount.

<table>
<thead>
<tr>
<th>HHS SELECT AGENT TOXINS</th>
<th>AMOUNT IN POSSESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABRIN</td>
<td></td>
</tr>
<tr>
<td>BOTULINUM NEUROTOXINS</td>
<td></td>
</tr>
<tr>
<td>SHORT, PARALYTIC ALPHA CONOTOXINS</td>
<td></td>
</tr>
<tr>
<td>DIACETOXYSCIRPENOL (DAS)</td>
<td></td>
</tr>
<tr>
<td>RICIN</td>
<td></td>
</tr>
<tr>
<td>SAXITOXIN</td>
<td></td>
</tr>
<tr>
<td>TETRODOTOXIN</td>
<td></td>
</tr>
<tr>
<td>STAPHYLOCOCCAL ENTEROTOXIN (SUBTYPES A, B, C, D AND E)</td>
<td></td>
</tr>
<tr>
<td>T-2 TOXIN</td>
<td></td>
</tr>
</tbody>
</table>

8. Type of Work Performed by Laboratory: 
   - Diagnostic Work
   - Vaccine Development
   - Research
   - Use in animals
   - Large Scale Production
   - Teaching
   - Storage Only (No current work)
   - Other (Specify):

- I hereby certify that I am the designated Responsible Party or Principal Investigator for the laboratory listed above, and that the information supplied on this form is to the best of my knowledge accurate and truthful. I understand that failure to abide by these quantity limits for specified toxins will result in a Federal violation of the Select Agent Regulations, which may have serious consequences including criminal penalties.

- I understand the quantity exemption limit for the select agent toxin(s) in my possession and I agree to never exceed the applicable possession limit without prior approval from the Department of Occupational Safety and Environmental Health (SEH)

- I agree to maintain an accurate inventory log for the select agent toxin(s) in my possession.

- I agree to notify OSEH prior to any new select agent toxin(s) acquisitions or purchase

- I agree to not transfer any select agent toxin(s) to another investigator within the university or outside the university. All transfer requests must be made to OSEH regardless of quantity.

- I agree to notify OSEH when I am no longer in possession of any select agent toxin(s)

10. Signature of Principal Investigator: 

11. Print Name: 
12. Date: 

Return Completed Form to OSEH: 
Email: follo@umich.edu    FAX: 734-763-1185 Campus Mail: 1239 Kipke Dr CSSB 48109-1010