



Exemption Checklist for Use of Select Toxins

The following form should be submitted and approved prior to purchasing or obtaining Select Toxins. This is a PDF fill-able form. Answer all items completely, save a copy for your file, and send to the UAB Responsible Official (RO), Brian LaGory at blagory@uab.edu or biosafety@uab.edu

SECTION 1 – APPLICANT INFORMATION

Last Name (PI/Applicant):	First Name:	Title:	Email address:
Campus Address – Building:	Room:	Phone:	
Department:	Division:		

TOXIN USE IS LIMITED TO THE FOLLOWING:

Lab Building(s):	Room(s):
------------------	----------

SECTION 2 – DOCUMENTED USERS, TRAINING, and SECURITY

Instructions: Check the appropriate box in the left hand column to certify completion of laboratory safety, training, and security in regards to possessing exempt quantities of select agent toxins.

Approved Users/Training:

☐ PI has approved and verified current list of users with access to toxins.

General Safety:

☐ Appropriate procedures are in place to ensure safe handling, storage, and disposal of Toxins, (i.e. Standard Operating Procedures SOP's). Please attach any relevant SOPs with submission of this document.

☐ All approved users have documented toxin-specific safety training and have demonstrated proficiency on relevant SOPs

Storage/Physical Security Measures:

☐ All Select Agent toxin containers are labeled properly and are securely stored within the laboratory.

SECTION 3 – SELECT TOXINS and QUANTITIES USED

Instructions: Please check all toxins in use, and the current quantity in inventory. See the [current list](#) of select toxins and exempt quantities. Any theft, loss, or release of a select toxin, regardless of the quantity, must be immediately reported to the RO/ARO.

Select Toxin	Current quantity on hand (for all toxin forms) mg	Exempt quantity mg	Exemption applies if the aggregate amount (purified and impure forms) under the control of a PI does not, at any time, exceed the amount specified in the exempt column, documentation of due diligence is maintained for transfers and Inventory of toxin(s) must be maintained by PI (at least 3 years) to confirm quantities do not exceed exemption limits.
<input type="checkbox"/> Abrin		≤ 1000 mg	
<input type="checkbox"/> Botulinum neurotoxins		≤ 1 mg	
<input type="checkbox"/> Conotoxins		≤ 200 mg	
<input type="checkbox"/> Diacetoxyscirpenol (DAS)		≤ 10,000 mg	
<input type="checkbox"/> Ricin		≤ 1000 mg	
<input type="checkbox"/> Saxitoxin		≤ 500 mg	
<input type="checkbox"/> Staphylococcal enterotoxins		≤ 100 mg (all subtypes combined)	
<input type="checkbox"/> Tetrodotoxin		≤ 500 mg	
<input type="checkbox"/> T-2 toxin		≤ 10,000 mg	

I am obtaining _____ mg of _____ from _____ on _____
(Select Agent Toxin) (Vendor/Collaborator) (Date)

SECTION 4 – EXEMPTION REQUEST and ATTESTATION

Instructions: Check all boxes, sign, and date

☐ I would like to request an exemption from the select agent regulations to use the material indicated above, and

☐ I will **NOT** transfer this material to any other location without prior written approval from the UAB RO/ARO for Select Agents for each transfer.

I hereby certify that the information contained on this form is true and correct to the best of my knowledge. I understand that if I knowingly provide a false statement on any part of this form, or its attachments, I may be subject to criminal fines and/or imprisonment. I further understand that violations of 42 CFR 73, 9 CFR 121, or 7 CFR 331 may result in civil or criminal penalties, including imprisonment.

Signature of PI _____ Date _____

For EH&S Use Only: Applicant is approved to maintain exempt quantities of the listed toxin(s) in the lab location(s) listed above

by: _____ on: _____

The information contained on this form is for the sole use of UAB EH&S

Last revision: 11/27/2018