Instructions:

1. Consult Marsha Potolo, LARC Assistant Manager of Husbandry, at 502-1242 or email marsha.potolo@ucsf.edu before completing this form.
2. All fields on this form must be completed and submitted with the BUA or RUA.
3. All animal housing and procedure rooms listed on this form must be the appropriate ABSL level for the work described.
4. If the areas listed are not currently designated to the appropriate ABSL level, contact Marsha Potolo or your Departmental Safety Advisor (DSA).

Study Contacts:

Principal Investigator (Last, First, MI) ____________________________________
Email ____________________________________________________________
Phone ____________________________________________________________

Alternate Contact (Last, First, MI) _____________________________________
Email ____________________________________________________________
Phone ____________________________________________________________

Project Title:

IACUC Approval Number: _______________ Expiration Date: _______________
Approved Species: ____________________________________________________
Projected Dates: Start ______________________ Finish ______________________
Maximum number of animals to be housed at any given time: ________________

NARRATIVE:

Provide a concise narrative describing how animals will be used in this study. This narrative should be written in language easily understandable to the lay person, as this statement may be used for training and review by LARC staff. Make sure the narrative includes: Information specific to the risks to personnel posed by the agent(s) themselves, risks of working with the agent (i.e. sharps, splashes, ingestion), and the risk once the agents have been introduced into the animal(s), the risk associated with animal excretions and waste (bedding). Include information on how to handle accidental exposures (e.g. animal bite, contact with urine or feces) and how to handle soiled cages and bedding. For isotope use, provide diagram of space indicating monitoring & wipe test locations. Also, complete Appendix A.

HAZARDOUS MATERIALS

<table>
<thead>
<tr>
<th>Biological (UA#_______) organism / toxin &amp; risk group</th>
<th>Radioactive (UA#_______) isotope &amp; activity</th>
<th>Chemical name &amp; quantity</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
SPECIFIC HUSBANDRY INSTRUCTIONS / PRECAUTIONS

LARC PROCEDURE ROOM*:
Building: _______ Room(s): _______________________________________

LARC ANIMAL HOUSING ROOM*:
Building: _______ Room(s): _______________________________________

*Verify that room(s) has received the appropriate ABSL designation, and that space is available for your project. Contact Marsha Potolo at 502-1242 or email marsha.potolo@ucsf.edu

Check ☑ all that apply

<table>
<thead>
<tr>
<th>TASK</th>
<th>RESPONSIBLE PARTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LARC</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Post door(s) with appropriate warning signs (Radioactive, ABSL2/3)</td>
<td></td>
</tr>
<tr>
<td>Post Animal Involvement Form in LARC rooms</td>
<td></td>
</tr>
<tr>
<td>Label animal cages or cage cards*</td>
<td></td>
</tr>
<tr>
<td>Protective clothing to be worn:</td>
<td></td>
</tr>
<tr>
<td>Uniforms, lab coat, disposable outers</td>
<td></td>
</tr>
<tr>
<td>Head cover, face mask, safety glasses</td>
<td></td>
</tr>
<tr>
<td>Shoe covers, boots</td>
<td></td>
</tr>
<tr>
<td>Rubber or disposable gloves</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Provide food &amp; water to animal**</td>
<td></td>
</tr>
<tr>
<td>Special diet required</td>
<td></td>
</tr>
<tr>
<td>Clean cage during study</td>
<td></td>
</tr>
<tr>
<td>RAM only, area and cage monitoring and wipe test</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Radioactive, biological and or carcinogen warning signs. For Vectors: Agent, Date of Administration, and Date of viral clearance

** If lab is responsible, must be approved by IACUC.
Appendix A

STUDY/AGENT SUMMARY: Check all applicable

1. Route through which agent(s) will be administered to animals. (Must be contained in IACUC approval)
   - Injection Site: ______________
   - Inhalation Site: ______________
   - Topical Site: ______________
   - Other Specify ______________________________
   - None

   What is the appropriate response to employee exposure?
   __________________________________________________________________________
   __________________________________________________________________________

2. Are there specific precautions to handling the animal(s) after the agents have been administered?
   - Yes ☐ No ☐
   Describe:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

3. What is the excretion route of hazardous materials?
   - Urine ☐
   - Feces ☐
   - Respiratory ☐
   - Other, specify ______________________________
   - None

   How long, post administration, will the agent(s) be excreted by the animal(s)?
   __________________________________________________________________________
   __________________________________________________________________________

4. Is the cage contaminated with hazardous materials? ☐ Yes ☐ No
   If yes, who will decontaminate? ☐ LARC ☐ Lab

   Describe decontamination procedures (For RAM, lab MUST be responsible)
   __________________________________________________________________________

   Inform husbandry area supervisor when cage and accessories are decontaminated and can be returned to general use.

5. Shall animal waste (excreta, bedding, tissue, etc.) be disposed as hazardous waste?
   - Yes ☐ No ☐
   Bio = red bag; RAM = yellow bag; chemical = clear bag
For ABSL3, all animal waste MUST be autoclaved prior to disposal as bio waste.

6. Does this animal cause human related zoonotic disease? □ Yes □ No
   If yes, explain.
   ____________________________________________________________
   ____________________________________________________________

7. Is medical surveillance through CDP required for LARC staff? □ Yes □ No
   If yes, explain.
   ____________________________________________________________
   ____________________________________________________________

PI Signature (Print, Sign & Date)
______________________________________________________________________

LARC Approval (Print, Sign & Date)
______________________________________________________________________

FOR EH&S USE ONLY

1. Safety Considerations Training required prior to start of work & completed? □ Yes □ No
2. LARC staff medical surveillance completed? □ Yes □ No

EH&S Approval (Print, Sign & Date)
______________________________________________________________________