Amendment : Add an Organism to a Biosafety Permit

Permit and PI Information

Permit #		Principal Investigator		
CL #	Expiry Date (mm/dd/yyyy)	Email	Phone #	

Organisms

Common Name (including species)	Scientific Name	Risk Group

Protocol ÷

Will this organism be used on invertebrates, plants or with an animal?	YES	NO
Would this change the containment level of your current permit?	YES	NO

Signatures

NOTE: Please have the approval from respective veterinarian-in-charge if live animals are involved and email this form to ehs.biosafety@utoronto.ca.

PRINCIPAL INVESTIGATOR	Date	BIOSAFETY OFFICER	Date
VETERINARIAN (if needed)	Date	BIOSAFETY COMMITTEE CHAIR	Date

	APPENDIX VIIA					
Please list the following criteria	Provisions for VIABLE human pathogens Please list the following criteria for pathogenic risk group 2 and 3 agents and toxins (not including cell lines and bodily fluids)					
	Infectious Agent 1	Infectious Agent 2	Infectious Agent 3	Infectious Agent 4	Infectious Agent 5	
Identification						
Mode of Transmission						
Incubation Period						
Period of Communicability						
Infectious Dose						
Typical Presenting Symptoms						
Mode of Decontamination						
Emergency Response						

K	- III) Please specify if this research encompass knowledge, products, or technologies that would:	Y /	Ν
1)	Enhance the harmful consequences of a biological agent or toxin.	0	\bigcirc
2)	Disrupt immunity or the effectiveness of immunization.	0	\bigcirc
3)	Confer to a biological agent or toxin, resistance to clinically and/or agriculturally useful prophylactic or therapeutic interventions against that agent or toxin or facilitate their ability to evade detection methodologies.	0	0
4)	Increase the stability, transmissibility, or the ability to disseminate a biological agent or toxin	0	\bigcirc
5)	Alter the host range or tropism of a biological agent or toxin.	\bigcirc	\bigcirc
6)	Enhance the susceptibility of a host population.	\bigcirc	\bigcirc
7)	Generate a novel pathogenic agent or toxin, or reconstitute an eradicated or extinct biological agent.	0	0
8)	Have a potential to be misused or misapplied to threaten public health, animal or plant health, or national security.	0	0
	eleased, will the pathogen or research information pose threat to: Aquatic animals, invertebrates?	Y	/ N 0
2)	Terrestrial animals?	\bigcirc	\bigcirc
3)	Humans?	0	\bigcirc
4)	Public safety?	0	0
5)	National security?	\bigcirc	\bigcirc
L	- Immunizations	Y	N
1)	Is medical surveillance, immunoprophylaxis and/or vaccine available/indicated?	\bigcirc	\bigcirc
2)	Do you work with HIV, Human T-lymphotropic virus (HTLV), Hep A, Hep B, Hep C, Listeria, Mycobacterium tuberculosis, Q-fever (Coxiella), Rubella, Toxoplasma, Vaccinia and/or Varicella?	0	0
3)	Do you work with human or non-human primate organs, tissues, whole blood, blood products and/or body fluids?	0	0
4)	Do you have a staff member who is immunocompromised or pregnant?	\bigcirc	\bigcirc

** If you have answered yes to any of the above questions, please ensure that all personnel listed in Section H obtain appropriate medical clearance from the University of Toronto Occupational Health Services from EHS Office prior to working with these biological materials - note that this may require a proof of immunization. **