# Biological Materials Storage and Inventory

## Introduction

Biological materials are any biological or biologically derived material or, any material which, either by accident or design, contains biological agents. Examples include any microorganism (including, but not limited to, bacteria and their phages and plasmids, viruses, fungi, mycoplasmas, rickettsia, protozoa, parasites, or prions) or infectious substance; human and non-human primate tissues, body fluids, blood, blood byproducts, and cell lines; animal remains and insects that may harbor zoonotic pathogens; or any naturally occurring, bioengineered, or synthesized component of any such microorganism or infectious substance, toxins of biological origin, transgenic animals or plants, recombinant DNA, or any other biological agents which might pose a risk to health and safety or the environment.

Federal regulations, along with public concern over security of biohazardous materials, make it necessary for the university to maintain an up-to-date inventory of biological materials. This biological inventory will serve as a confidential, offsite record to help select university personnel (e.g., Department of Public Safety, first responders) determine the risks that are present in research labs on campus in case of an emergency or accident. The inventory will also enable UNT Risk Management Services to ensure university-wide compliance with the following federal regulations and guidelines:

* Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard (29 CFR 1910, 1030)
* NIH Guidelines for Research Involving Recombinant  and Synthetic Nucleic Acid Molecules (NIH Guidelines; see Resources below)
* CDC's Biosafety in Microbiological and Biomedical Laboratories (BMBL)
* US Patriot Act and the Public Health Security and Bioterrorism Preparedness Response Act of 2002 (Public Law 107-188)
* Department of Health and Human Services (HHS) 42 CFR Part 73 (the "Select Agent Rule")
* United States Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS)

All laboratories, or any other area, where biological materials are used or stored are required to have a biological inventory on file with Risk Management Services/BSO (biosafety@unt.edu). Biological inventories must include all biological materials used or stored and must be updated at least annually.

### Links

* CDC [Select Agents and Toxins (42 CFR Part 73)](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=8a4be60456973b5ec6bef5dfeaffd49a&r=PART&n=42y1.0.1.6.61) APHIS [Select Agents and Toxins (9 CFR Part 121)](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=b9126e9fba23e3e7933354a1d2630d72&ty=HTML&h=L&n=9y1.0.1.5.58&r=PART)
* [NIH Guidelines for Research Involving Recombinant and Synthetic Nucleic Acid Molecules (NIH Guidelines)](https://osp.od.nih.gov/wp-content/uploads/2013/06/NIH_Guidelines.pdf)
* [CDC Biosafety in Microbiological and Biomedical Laboratories (BMBL) 5th Edition](http://www.cdc.gov/biosafety/publications/bmbl5/index.htm)
* [OSHA Bloodborne Pathogens and Needle Stick Prevention](http://www.osha.gov/SLTC/bloodbornepathogens/index.html)
* [Public Health Security and Bioterrorism Preparedness and Response Act of 2002](https://www.gpo.gov/fdsys/pkg/PLAW-107publ188/pdf/PLAW-107publ188.pdf" \t "_blank)

For any biologicals that you work with or store, including all freezers, enter the requested information *to the best of your ability*. If additional rows are needed, hit “tab” to enter additional rows. Risk groups can be found [here](https://my.absa.org/riskgroups) or contact [BSO](mailto:biosafety@unt.edu). Return completed forms to [biosafety@unt.edu](mailto:biosafety@unt.edu). Updated inventories are required annually.

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bldg/Room**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **Check each type of biological used or stored in areas under your control.** |
| Bacteria  Viruses  Fungi  Parasites  Experimental animals or tissues  Rickettsiae  Chamydiae  Biological toxins  Prions  Wild-caught animals or tissues  Cells or cell lines of non-human primates  Other cell/tissue culture (e.g. plant)  Human cells or cell lines (including established cell lines)  Plants  Human blood, unfixed human tissues, body fluids, or other potentially infectious material  Recombinant DNA or recombinant products  **NO materials of biological origin used or stored (stop here and sign at end of document)** |

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| **Plants/Transgenic Plants/Fungi/seeds** | | | | |  |  |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | | | |  | |
|  | Risk Group | Genus | Species | Strain | | | Provided by? (I.e. ATCC) | | Owner (PI) | Building Name | Room number | Max Quantity (# plants/ vials/ concentration/ volume) | Date Received |
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| **Cell/Tissue Culture (Human and NHP)** | | | | | |  |  | |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | | | | | |  | |
|  | Risk Group | Name | Origin | Storage (4°, -20°, -80°, LN2) | Provided by? (I.e. ATCC) | | | Owner | | | | Building Name | Room number | Quantity (# vials/ concentration/ volume) | Date Received |
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| **Microorganisms/Viruses (**bacteria, viruses, protozoa, fungi, etc) | | | | | |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | | |  | |
|  | Risk Group | Genus | Species | Strain | Storage (4°, -20°, -80°, LN2) | Select Agent? | Provided by? (I.e. ATCC) | Owner (PI) | Building Name | Room number | Quantity (# vials/ concentration/ volume) | Date Received |
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| **Environmental Samples** | | |  | |  | |  |  | |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | | | | | | |  | |
|  | Name | Sample Matrix (e.g. soil, water) | | Geographical Origin | | Storage (4°, -20°, -80°, LN2) | | | Provided by? (e.g. ATCC) | | Owner | | Building Name | Room number | Quantity (# vials/ concentration/ volume) | Date Received |
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| **Toxins** | |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | | | | | |
|  | LD50 | Name | | Source Organisms | Storage (4°, -20°, -80°, LN2) | | Select Agent? | Provided by? (I.e. ATCC) | Owner | Building Name | Room number | Quantity (# vials/ concentration/ volume) | Date Received |
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| **Animals (Including Inverts, Insects)** | | | |  |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | |  | |
|  | IACUC # | Genus | Species | | Provided by/origin? | Owner | | Building Name | Room number | Quantity | Date Received |
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| **Other** | | | | | |  |  |  |  |  |  |  |
|  | **Required Information** | | | | | | | | | |  | |
|  | Risk Group | Genus | Species | Strain/ Name | Storage (4°, -20°, -80°, LN2) | Select Agent? | Provided by? (I.e. ATCC) | Owner (PI) | Building Name | Room number | Quantity (# vials/ concentration/ volume) | Date Received |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
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I have completed the above Biological Agent Inventory and certify that the information above is accurate and complete to the best of my knowledge.

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PI Signature Date