

## IBC Tracking Sheet for Select Agents/Toxins Only Form

It is the responsibility of the Principal Investigator who has registered a select agent/toxin with the IBC to track their use of the select agent/toxin on this *IBC Tracking Sheet for Select Agents/Toxins Only* form. This form must be provided when an *IBC Continuation*, *IBC Notice of Termination*, or *IBC Notice of Transfer* is submitted. Use one *IBC Tracking Sheet for Select Agents/Toxins Only* form for each select agent/toxin; do not track more than one select agent/toxin on this form. This form must be made available to the Responsible Official, Biosafety Officer, or IBC Chair or their designee(s) upon their request.

A list of select agents/toxins is located at: <https://www.selectagents.gov/sat/list.htm>

1. **Principal Investigator Name:** \_\_\_\_\_
2. **IBC Record Number:** EHS-      -
3. **Select Agent/Toxin Information:**
  - a. Agent/Toxin: \_\_\_\_\_
  - b. Date of Acquisition: \_\_\_\_\_
  - c. Amount: \_\_\_\_\_
4. **Tracking Use of Select Agent/Toxin:** Please complete the information requested in the table below each time the agent/toxin is used or transferred.

Date Used	Amount Used/Transferred	Amount Remaining

**5. Transfer or Disposal of Select Agent/Toxin** (Requires pre-approval from the IBC Chair):

☐ **Transfer of Select Agent/Toxin:** The transfer of any agent/toxin must first be pre-approved by the IBC Chair. Complete an *IBC Notice of Transfer* to the IBC Office in order to transfer some or all of the agent/toxin. If the transferee is a Creighton University faculty member or employee, the transferee must complete and submit an *IBC Initial Application* to the IBC Office and be approved before the transfer can occur.

a. Name of proposed transferee (first and last name):

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b. If partial transfer, list the amount of select agent/toxin to be transferred:

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If a partial transfer is made, a new *IBC Continuation* must be completed for the remaining amount if the project has not been modified. If the project has been modified, submit an *IBC Initial Application*.

☐ **Disposal of Select Agent/Toxin:** Disposal (e.g., destruction) beyond use of the select agent/toxin must first be pre-approved by the IBC Chair. Identify the method of disposal:

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**6. Investigator Certification:**

I hereby certify that the information contained herein is true, accurate, and complete.

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Principal Investigator's Signature

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Date

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FOR IBC OFFICE USE ONLY		
Date Received by IBC: _____		
<input type="checkbox"/> Use or Possession Terminated	Date of Termination: _____	
<input type="checkbox"/> Full Transfer of Select Agent/Toxin to: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
<input type="checkbox"/> Partial Transfer of Select Agent/Toxin to: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date full or partial transfer completed: _____		
<input type="checkbox"/> Disposal of Select Agent/Toxin	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date of disposal: _____		
<b>IBC Comments:</b>     		
_____ IBC Chair's Signature		_____ Date
<input type="checkbox"/> IBC signed copy has been returned to Creighton University Principal Investigator		
<input type="checkbox"/> IBC signed copy has been returned to external transferee <input type="checkbox"/> Not applicable, not a transfer		