



BIOLOGICAL AGENT(S) AT ABSL-2	Q fever
PROTOCOL NUMBER	
PROTOCOL EXPIRATION DATE	
INVESTIGATOR	
TELEPHONE NUMBER	
LABORATORY CONTACT	
EMAIL ADDRESS	
TELEPHONE NUMBER	

ANIMAL CARE SUPERVISOR RESPONSIBLE FOR THIS ROOM	
TELEPHONE NUMBER	

SPECIAL REQUIREMENTS FOR ENTRY: <ul style="list-style-type: none">• Disposable Water Resistant Jumpsuit/Coverall• Gloves• EHS Approved Respirator• Sealed Eye Protection• Water Proof Shoe Covers• Hair Bonnet
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Special considerations: Sign posted as needed for all investigators when Q fever is present in the room.
