

INFECTIOUS AGENT(S) AT ABSL-2	
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:	
• Gown	
• Gloves	
 Safety Eyewear (safety goggles or glasses, not personal eyewear) 	
Shoe Covers	
Special considerations:	