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

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| ANIMAL CARE SUPERVISOR RESPONSIBLE FOR THIS ROOM | |
| TELEPHONE NUMBER | |

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| 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. |
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