

HPR NUMBER _____

BACKGROUND INFORMATION

The University of Texas at Arlington (UTA) [Environmental Health & Safety \(EH&S\) Office](#) maintains a registry of all laboratories and personnel working with pathogens, toxins, and/or human (or other primate) blood, body fluids, and tissues/cells. UTA complies with the Centers for Disease Control and Prevention (CDC) recommendations in [Biosafety in Microbiological and Biomedical Laboratories \(BMBL\), 6th Edition](#). For purposes of this registration, a pathogen is defined as any organism known to or suspected of causing infection in humans, and a toxin is a proteinaceous poison which is highly toxic to humans. (Note: The CDC considers all human/primate blood, body fluids, and tissue/cells to be potentially infectious; therefore work with these materials is covered by the requirements of this registration.)

INSTRUCTIONS AND RESPONSIBILITIES

The **Principal Investigator (PI)** is responsible for completing the appropriate parts of this **Human Pathogen Registration (HPR)** form and forwarding it to [EH&S Office](#) **prior to the initiation of work**. The PI is also responsible for ensuring appropriate or required training of laboratory personnel, informing lab personnel about the potential hazards and proper safety techniques to be used in the laboratory, establishing procedures for response and handling of lab emergencies, ensuring appropriate laboratory signage, and following UTA established procedures for response and reporting of accidents and/or injuries. Each individual listed as laboratory personnel should personally initial this document to indicate that they have been informed of the potential hazards associated with the work, the appropriate safety practices to be used, the availability of occupational medical programs, and applicable training requirements.

After the initial registration, the PI is also responsible for notifying the EH&S Office when the project has terminated or when other significant changes occur, such as changes in personnel or relocation of the laboratory. The EH&S Office conducts semi-annual laboratory safety inspections of registered laboratories to review practices and procedures associated with the work. These inspections are not intended to negate the responsibilities of the PI in supervising work with potentially infectious or hazardous materials.

NOTE: Depending on what your project involves there may be additional approval requirements necessary before the research may commence. These requirements are based on various federal and state regulations, funding agency requirements, and UTA policies. For more information and instructions, please see this link: <https://www.uta.edu/research/admin/regulatory-services>. Please check if any of the following apply to your research.

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|--|--|---|
| <input type="checkbox"/> Human Subjects | <input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Select Agents/Toxins |
| <input type="checkbox"/> Animal Subjects | <input type="checkbox"/> Laser Devices | <input type="checkbox"/> Hazardous Chemicals |
| <input type="checkbox"/> Recombinant or Synthetic Nucleic Acid Molecules | <input type="checkbox"/> X-Rays/Radiation Producing Machines | |

For assistance with this HPR form, please contact the [EH&S Office](#) at 817-272-2185 or ehsafety@uta.edu. Completed HPRs may be forwarded to the EH&S Office at Box 19257 or emailed to ehsafety@uta.edu.

PART A: Laboratory and Personnel - To Be Completed for All Registrations

PI: _____ Department: _____ Phone: _____ E-mail: _____
Building(s): _____ Room Number(s): _____ Lab Phone: _____

Provide the following information on all personnel working with registered materials.

Last Name	First Name	Status (faculty, staff, student)	E-Mail	Phone	* Initials

* Individuals will personally initial when informed of potential hazards, safe work practices, availability of medical surveillance, and applicable training requirements.

You may be entitled to know what information UTA collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

PART B: Use of Infectious Biological Agents (Bacterial/Fungal/Parasitic/Rickettsial/Viral Agents/Prions) and/or ToxinsPlease refer to the [BMBL](#), 6th Edition (2020)

- If this section does not apply to your project, check here for ☐ N/A
- If your research/work in the laboratory involves more than one infectious biological agent/toxin, please attach additional copies of this page to address each type individually

Organism(s)/Toxin(s):**Strain:** _____ **Source/Vendor:** _____**Please provide a brief overview of your project and use of the pathogenic agent:****Maximum Quantity To Be Used:** _____ **Biosafety Level (Consult [BMBL](#)):** _____**Describe Storage and Disposal of Organism(s)/Toxin(s):****If organism(s)/toxin(s) will be transported between 2 locations, describe transport procedures:****Describe possible routes of exposure and personal protective equipment (PPE) to be used by lab personnel:****Containment equipment available in lab:**

- ☐ Biological Safety Cabinet (Class: _____) ☐ Fume Hood ☐ Containment Centrifuge
- ☐ Other; Describe:

Will the laboratory ship any hazardous/infectious materials? ☐ Yes ☐ No**Please describe emergency procedures in the event of a spill or personnel exposure:****Please describe the training that you, as the PI, will ensure that all laboratory personnel complete before initiating work in the lab:**

PART C: Handling Collection of Human (or other primate) Blood, Body Fluids, or Tissue/CellsIf this section does not apply to your project, check here for N/A: ☐**Types of human sample(s) collected/manipulated:**☐ Blood ☐ Urine ☐ Spinal Fluid ☐ Tissue/Cells ☐ Saliva ☐ Serum ☐ Feces ☐ Breast Milk
☐ Semen ☐ Other(s): _____**Source/Vendor or Method of Collection:** _____**Please provide a brief overview of your project and use/collection of human sample(s):****Describe Storage and Disposal of Material(s):****If material(s) will be transported between 2 locations, describe transport procedures:****Describe possible routes of exposure and personal protective equipment (PPE) to be used by lab personnel:****Containment equipment available in lab:**☐ Biological Safety Cabinet (Class: _____) ☐ Fume Hood ☐ Containment Centrifuge
☐ Other; Describe:**Will the laboratory ship any hazardous/infectious materials?** ☐ Yes ☐ No**Please describe emergency procedures in the event of a spill or personnel exposure:**

Please describe the training that you, as the PI, will ensure that all laboratory personnel complete before initiating work in the lab:

Part D: Principal Investigator Certification

I accept the responsibility for the safe use of all potentially infectious materials in my laboratory. All laboratory personnel have been informed of the potential risks of exposure while working with these materials. I will ensure proper laboratory practices and completion of training requirements for lab personnel. I will report any accident, injuries, or exposures immediately to the [EH&S Office](#). I will also notify the EH&S Office of any further changes to this project, including change of location or personnel.

Principal Investigator (Signature): _____

Date: _____

PART E: Office Use Only - To be completed by Environmental Health & Safety

Laboratory facilities are in accordance with UTA Policy and CDC recommendations. All laboratory personnel have completed applicable training requirements.

EH&S Safety Specialist (Signature): _____

HPR Activation Date: _____

Upon notification of project termination - HPR Inactivation Date: _____

MODIFICATION TO THIS FORM IS STRICTLY PROHIBITED.