

This submission is: A new registration An update to an existing registration A renewal Date: _____

Entity Name: _____

Laboratory Safety Level: _____

PI(s): _____

Attachment E - Work with Arthropods

1. Work is performed with **field-collected** arthropods in a **diagnostic capacity only** for identification of select agents. Yes No

2. Work is performed to experimentally inoculate or infect arthropods (any stages) with select agents. Yes No

If yes, complete questions 3-16.

3. Provide the select agent and species of arthropod used:

Select Agent	Species of Arthropod	
<input type="text"/>	<input type="text"/>	Delete
		Add Row

4. Arthropod experimental exposure route(s).

a. Injected with select agent. Yes No

b. Infected with select agent via blood meal. Yes No

If yes, indicate the blood meal source.

Animal species

If vertebrate hosts are used, has the IACUC approved the work proposed in this objective of work? Yes No

If yes, complete **Attachment C - Work with Animals**.
If no, explain.

Collected blood (describe type/method)

c. Infected with select agent via insect feeding on select agent infected plants. Yes No

If yes, complete **Attachment D - Work with Plants**.

d. Other (Describe)

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5. Provide a description of the procedures used for primary containment and any transfer(s) of infected arthropods.

6. There is a system in place for recording the number of arthropods infected and the number of arthropods disposed of, and the records are reviewed frequently..... Yes No
If yes, describe.

7. Arthropod containment laboratory design and operational procedures are developed and implemented in accordance with guidance found in the current edition of the Arthropod Containment Guidelines, a project of the American Committee of Medical Entomology of the American Society of Tropical Medicine and Hygiene. Yes No

8. An Institutional Biosafety Committee (IBC) reviews and approves arthropod work with select agents at this facility. .. Yes No

If yes,

a. has the IBC approved the arthropod containment laboratory design and operational procedures? Yes No

b. has the IBC approved the work described in this objective of work? Yes No

If no, explain.

9. Are arthropods, including those experimentally infected, housed and manipulated in a suite/room such that accidental contact and release is prevented?
Yes No

10. Do protocols account for accidental escape? Yes No

11. Ventilation filters/barriers are installed to prevent arthropod escape. Yes No

12. Floor drains are present in the laboratory. Yes No
If yes, floor drains are modified to prevent accidental release of arthropods and agents. Yes No

13. Suite/room plumbing is suitable to prevent arthropod escape. Yes No

14. All stages of arthropods are killed before disposal. Yes No

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15. All wastes from the arthropod containment laboratory are treated for disposal using an approved method. Yes No

If yes, describe method:

- Autoclaved
- Chemical (disinfectant, concentration, and time)

- Incineration
- Other

16. Animals or plants are permitted in the arthropod containment laboratory. Yes No

If yes,

- a. are animals or plants associated with the work being performed? Yes No
- b. are animals or plants accessible to escaped arthropods? Yes No