

**SPECIAL BIOLOGICAL AGENT AUTHORISED INDIVIDUALS LIST
(SBA-3)**

Name of PI: _____

Phone: _____

The following individuals are authorized to work with listed Special Biological Agents and have been trained in proper use, handling, storage, security, reporting requirements.

Name			Special Agent name(s)	Location (s)	
First	Last	Middle initial		bldg	Rm #

Signature of PI: _____

Date: _____