Medical Information for Occupational Health Provider

*Specific Treatment for Research Material Exposure*

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| Please complete a separate form for each material. Describe any special drug and/or treatment plan required to mediate the exposure. Provide the information that can assist the health care provider in the medical evaluation and treatment. You may submit a copy of the Safety Data Sheet if the source/vendor provided one. Retain a copy of this factsheet with other safety documents in the laboratory. In the event of an exposure, this form should be brought with the individual seeking medical attention.*There are many resources available regarding genetic background and vectors online. Basic medical information for a variety of common pathogens can be found at* [*http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php*](http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/index-eng.php)Report all accidents to EH&S: <https://www.lsuhsc.edu/admin/pfm/ehs/iaform.aspx> |

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| Contact Information | Name  | Office or Lab Phone | Cell /After Hours Phone |
| Principal Investigator |       |       |       |
| Lab Manager |       |       |       |
| Other |       |       |       |

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| IBC Protocol #: |       |
| Name of material: |       |

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| Material Information (Please enter all known information) |
| Species/Strain |       |
| Vectors/Plasmids/Toxins |       |
| Infection/Replication Competency |       |
| Host Range/Transmission |       |
| Drug Susceptibility/Resistance |       |
| Source/Vendor |       |
| Risk Group |       |

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| Medical Information (Please enter all known information including medical precautions or specific treatments) |
| Prophylaxis |       |
| Vaccine |       |
| Treatment |       |
| Medical Surveillance |       |
| Additional information |       |

**List any Safety Data Sheets or other documents applicable to this material.** *[Combine this form and other documents into one pdf document when submitting to the IBC]*.

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