Medical Information for Occupational Health Provider

*Specific Treatment for Research Material Exposure*

|  |
| --- |
| 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> |

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

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

|  |  |
| --- | --- |
| 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 |  |

|  |  |
| --- | --- |
| 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]*.

[Type here]