

**D. Microorganisms/Infectious Agents - Continuation**

List the organism(s)/infectious agent(s) used or stored in your laboratory in the table below. Indicate where each agent is stored and used. If you are working with an organism/infectious agent that are not on the list, you must still provide as much information as you have available regarding the agent.

Agent (Genus & Species) ↓	Strain ↓	Recombinant ↓ <input type="checkbox"/> No <input type="checkbox"/> Yes	Antibiotic Resistance ↓ (Specify)	Risk Group ↓	Where Stored Room & Building ↓	Where Used Room & Building ↓
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				
		<input type="checkbox"/> No <input type="checkbox"/> Yes				

**Will any of these items be sent out of the country?**☐ no ☐ yes, specify ↓