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**Safety, Health and Environment Office – Pathogen Management Genetic Modification Safety Committee**

**Toxin - Notification form**

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**Send** thecompleted form to: Safety Health and Environmental Office, Room 1.240, 1st floor Jenner Wing Tel Ext : 0637 or via health@sgul.ac.uk or csandifo@sgul.ac.uk The boxes will expand as required. Information on the need to register the toxin can be obtained by contacting the SHE Office on 0637.

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| **1. Title of Project / Activity** |

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| **2. Name of Project Leader / Responsible Principal Investigator** (please give full title) |

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| **3. Location of Project Leader / Responsible Principal Investigator** (please give room, floor, building and research centre) |

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| **4. Toxin(s)** | **Yes** | **Solid** | **Liquid** | **Amount** | **No** |
| Abrin |  |  |  |  |  |
| Botulinum toxins |  |  |  |  |  |
| Clostridium perfringens epsilon toxin |  |  |  |  |  |
| Clostridium perfringens enterotoxin |  |  |  |  |  |
| Conotoxin |  |  |  |  |  |
| Modeccin toxin |  |  |  |  |  |
| Ricin |  |  |  |  |  |
| Saxitoxin |  |  |  |  |  |
| Shiga and shiga-like toxins |  |  |  |  |  |
| Staphylococcal enterotoxins |  |  |  |  |  |
| Viscum Album Lectin 1 (Viscumin) |  |  |  |  |  |
| Volkensin toxin |  |  |  |  |  |

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| **5. Date form completed** |

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| **6. Signature of Project Leader / Responsible Principal Investigator**  |