

## Letter Of Certification

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Investigator Last Name: \_\_\_\_\_ Investigator User ID:

Bio-safety Containment Level (BSL)\* of the Laboratory Facility Located at\*\*:

Institute Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

BSL:

:      1      2      3    (Please circle one)

Safety Officer: \_\_\_\_\_  
Printed Name / Signature

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\*Reference: Biosafety in Microbiological and Biomedical Laboratories,  
US Department of Health and Human Services, May 1993  
<http://www.cdc.gov/od/ohs/biosfty/biosfty.htm>

WHO Laboratory Biosafety Manual, 1998  
<http://www.who.int/dsa/cat98/lab8.htm>

\*\*Provide the Institute address and Certifications associated with Investigator Information

Please send completed original to:

Ms. Megan Lucas; Coordinator  
Mycobacteria Research Laboratories  
Department of Microbiology, Immunology, and Pathology  
Colorado State University  
1682 Campus Delivery  
Ft. Collins, CO 80523 U.S.A.