Researcher: Emergency Contact: Building: Room: Alarm: YES NO Contact on call:

Property Control # or Unique Identifier #: IBC Registration #:

Freezer or Liquid Nitrogen Container Description\*: EH&S Lab Registration #:

Date Inventory Performed: Notes:

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| --- | --- | --- |
| **Type of Biological Material\*\*** | **Name of Material** **(Please include Genus and Species where applicable)** | **OPTIONAL** |
| **Type of Containers\*\*\*** | **Quantity of Containers** |
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