



## Exempt Quantities of Select Agent Toxin Destruction Form

Principal Investigator Name: \_\_\_\_\_

Location: \_\_\_\_\_

Institution: \_\_\_\_\_

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

Toxins being destroyed:

Toxin	Concentration	Volume	Method of Destruction	Date of Destruction	Signature of Destroyer

Principal Investigator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions or concerns, please contact the Harvard EH&S Biosafety department by phone at (617) 432-1720 or by email at [biosafety@harvard.edu](mailto:biosafety@harvard.edu)