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**Specimen Disposal/Withdrawal and Sterilization Confirmation Form**

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|  |  |
| --- | --- |
| **Following information are filled in by the staff of Autoclave facility** | |
| **Sterilization information** |  |
| **No. of Biohazard Bag(s):** |  |
| **Total weight and Volume:** |  |
| **Autoclave Date:** |  |
| **Autoclaved By:** |  |

|  |  |  |
| --- | --- | --- |
| **We hereby confirm the disposal/withdrawal of the above-mentioned items(s) from the Inventory and at the same time from Biorepository. We also hereby confirm that the specimens are being autoclaved at the common Autoclave facility, following icddr,b Biosafety and Biosecurity guidelines.** | | |
| **Principal Investigator** | **Manager, Media Facility** | **Biosafety Officer** |
| **Name:** | **Name:** | **Name:** |
| **Signature:** | **Signature:** | **Signature:** |
| **Date:** | **Date:** | **Date:** |