



Icahn School of Medicine at Mount Sinai Toxin Standard Operating Procedure (SOP)¹

SC	OP Title												
SOP Number (version)													
ΙB	C registration(s	s)											
	Section 1. Laboratory-specific information												
В	uilding/Room(s)											
D	epartment/Inst	itute											
S	OP author												
LS	60												
PI	name												
PI	signature												
Se	ection 2. Toxin l	hazard	linfor	mation									
	oxin ²			LD ₅₀ in µg/kg Potential Hazards			Signs/Symptoms of		ms of	Occupational Health			
. `				weight				Exposure			Requirements ³		
				-					- Toquin of the total				
Se	ection 3. Usage	in vivo)										
	osage in vivo:						Fre	eauen	cy of adm	inistratio	n:		
	J							•	•				
Ro	oute of adminis	tratio	n:		IM				IP				Intranasal
	IV				SQ				Oral				Topical
Routes of shedding:			Urine				Feces				Respiratory		
Blood			Saliva				None				Other		
Anticipated in vivo half-life:													
Se	ection 4. Other		ds										
	Sharps Hazard												
	Other Biologic		zards										
Chemical Hazards													
	Radiological F	lazard	s										
			_					_				_	

¹ Please refer to Section VIII-G, *Toxin Agents*, and Appendix I, *Guidelines for Work with Toxins of Biological Origin*, of the *Biosafety in Microbiological and Biomedical Laboratories* (*BMBL*, 6th Edition) for guidance on handling and use of toxins of biological origin, including appropriate physical and chemical inactivation procedures for specific toxins.

² Biological toxins should be described in the corresponding IBC registration.

³ Please list vaccinations or antitoxins required or recommended for this toxin.



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Section 5. Personal Protective	Equipment (PPE)	
Laboratory Coat	Fluid-Resistant Gown	Surgical Mask
Gloves	Shoe Covers	N95 Respirator
Eye Protection	Fluid-Resistant Sleeves	PAPR
Other PPE		

Sect	Section 6. Equipment and Engineering Controls						
3000	Jection of Equipment and Engineering Controls						
E	Biological Safety Cabinet⁴						
C	Chemical Fume Hood						
	Down Draft Table						
C	Cage Changing Station						
1	ndividually Ventilated Caging						
S	Static Caging						
	Disposable Caging						
C	Centrifuge						
A	Aerosol-Generating Equipment						
C	Other equipment						

L	Section 7. Biological Waste Management						
		Steam Sterilizer (Autoclave)		Location:			
		Chemical Disinfectant(s)		Location:			
		Other Disinfectant(s)		Location:			

⁴ Researchers should not handle dry powder toxins inside BSCs that recirculate HEPA-filtered air back into the laboratory. BSC HEPA filters must be considered contaminated with toxin.



Method^{5,6}

Section 8. Toxin Inactivation

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Location

Treatment Time Dilution

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Method	Treatment Time	Dilation	Location				
Section 9. Disposal practices for toxin-contaminated waste, including carcasses							
Section 9. Disposal practices for toxin-c	ontaminated waste	e, including c	arcasses				
Section 10. Transport Procedure(s)							
1 (7							

⁵ Toxin inactivation methods include steam autoclave, dry autoclave, 1:10 dilution of household bleach (5 - 6 % sodium hypochlorite), Quaternary ammonium disinfectant, Peroxide-based disinfectant, 2.5% sodium hypochlorite with 0.25 N sodium hydroxide, etc.

⁶ Autoclaving can be used with protein toxins (ricin, botulinum toxin, and SEB), but should not be used with low molecular weight toxins, including T-2 Mycotoxin, Brevetoxin, Microcystin, Tetrodotoxin, Saxitoxin, Palytoxin, conotoxins, and domoic acid.

Section 11. Spill Response Procedure''					
Section 12. Protocol Procedure					

⁷ Spills involving dry toxin powder have an increased risk of inhalational exposure. Spill response PPE should include respiratory protection, gloves, safety glasses or goggles, and lab coat.

⁸ Laboratorians must immediately evacuate the laboratory area for a spill of dry toxin powder outside the BSC.

Section 13. Protocol Procedure Continued (attach additional sheets if necessary)					



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Section 14. Documentation of training and un		-				
The Principal Investigator must ensure that all	laboratory personnel receive training on the cont	ent of this SOP.				
By signing this SOP, I confirm that I have read and understand the content of this SOP.						
Name	Signature	Date				