UNIVERSITY OF ARKANSAS AT PINE BLUFF
INSTITUTIONAL BIOSAFETY COMMITTEE
Recombinant DNA and/or Infectious Agents Registration Form

Principal Investigator: **E-mail Address:**

Telephone: **Department:**

Complete Mailing Address:

School/College:

Project Title:

Funding source:

Anticipated Project Start Date:

Anticipated Project End Date:

TO DETERMINE WHO SHOULD COMPLETE THIS APPLICATION, ANSWER THE FOLLOWING QUESTIONS:

1. Does this application involve the use of recombinant DNA?

   ☐ Yes ☐ No

2. Does this application involve the use of infectious agents, select agents, or toxins?

   ☐ Yes ☐ No

If you answered "Yes" to either of the above questions, please fill out the appropriate sections of this application and send the application as an email attachment to manoharan_m@uapb.edu. You are also required to sign the Assurance (page 8 of this document) and send the original copy to Dr. Muthusamy Manoharan, Chair, Institutional Biosafety Committee, Department of Agriculture, Room No. 144, Woodard Hall.

IBC ADMINISTRATIVE USE ONLY

IBC Application # _____

_____
IBC Chairperson Date

Date Approved _____

Approval Period _____

_____
Biosafety Officer Date

I. PROJECT DESCRIPTION

Project Title:

Describe Training, Qualifications, and Experience in Recombinant DNA for all personnel conducting the experiments.

Name/Highest Degree	Title/Position	Training/Experience

Type of Project:

☐ New Project ☐ Continuation/Renewal

Will Radioactivity be used in the research?

☐ Yes ☐ No

Will Animals be used for the research?

☐ Yes ☐ No

If yes, the application should also be submitted to IACUC for approval

Will Human Subjects or Human Tissue (including blood, body fluids, cultured cell lines) be used in this research?

☐ Yes ☐ No

If yes, the application should also be submitted to HSC/IRB for approval

Project summary: Please provide a very brief description of the project and the protocols to be used in experiments that require IBC approval (such as recombinant DNA, infectious agents etc.). If you think your research is exempt, please provide a short explanation. To determine if your activity will be exempt, go to http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html. Click on To full text of NIH Guidelines (html).

II. RECOMBINANT DNA

1. Provide the biological sources of DNA. List Genus/Species or common name of the source organism of the insert DNA.

2. Describe the nature of inserted DNA sequences. List gene names, biological markers, sequences, promoters, etc., and describe the function/activity of the DNA or its product.

3. Indicate the hosts and vector systems to be used.

4. Will you attempt to express a foreign gene? ☐ Yes ☐ No

   What protein(s) will be produced? _____

5. Do your plans include (Check all that apply)

   ☐ Expressing larger than 10 liters of transformed cells?

   ☐ Using any toxin genes?

   ☐ Expressing any virus (greater than ½ of genome)?

   ☐ Intentionally transferring a drug-resistant trait to microorganisms that are known to acquire the trait naturally if the acquisition could compromise the use of drugs to control disease agents in humans, veterinary medicine or agriculture? (If you check this box, the minimum containment is BSL-1 or greater).

   ☐ Using genetically engineered plants or animals?

   ☐ Using helper virus cell lines and defective recombinant virus?

   ☐ Using plant or animal pathogens?

III. INFECTIOUS AGENTS/SELECT AGENTS (INCLUDING BIOLOGICAL TOXINS)

1. Indicate the nature of infectious agent. If human pathogen, list Risk Group (Appendix B of the NIH Guidelines).

2. Provide the name of agent, including strain/isolate.

3. How will the agent be used in experiments?

4. Describe any procedures that may have the potential to create aerosols, and how they will be minimized and/or contained.

5. Are vaccinations required for working with this agent?

6. What is the appropriate Biosafety level of containment?

7. Describe the method of disinfection and inactivation

IV. EXPERIMENTAL LOCATION

1. Where will experiments be conducted?

    - Lab/classroom location:

    - Greenhouse location:

    - Field plot location:

2. Where and how will the biohazardous material be stored?

3. If required, are biohazard signs posted at all locations of use and storage?

V. BIOSAFETY LEVEL AND STANDARD OPERATING PROCEDURES

1. What Biosafety Level will be used during these experiments?

☐ BL1 ☐ BL2 ☐ BL3

2. Identify potential exposure hazards during sample preparation and experimental manipulations (examples: aerosol generation when transferring, mixing, or centrifuging, use of sharps, excretion by animals, growing of cultures, etc.).

3. Describe safety procedures that will be employed to minimize risk of exposure and prevent release of toxins and/or infectious agents (examples: lab coats, gloves, face shields, biological safety cabinets, spill mats, sharps disposal procedures, waste disposal procedures, decontamination and waste handling, etc.)

4. Accidental spill/exposure. Describe what procedures will be employed, decontamination agents, equipment to be used (examples: autoclave, biohazard bag, disinfectants, etc.), where to seek medical help, and where to file work-related accident reports).

5. How will you minimize the risk of infection (list procedures for inactivation/decontamination)?

6. List the wastes that will be generated, estimate the quantity expected, and describe how it will be disposed.

ASSURANCE:

- I attest that the information contained in the application is accurate and complete. I agree to comply with the requirements pertaining to shipment and transfer of infectious agents and/or recombinant DNA. I am familiar with and agree to abide by the provisions of the current NIH/CDC Guidelines and other specific granting agency instructions pertaining to the proposed project.

- I further attest that all research personnel are familiar with and understand the potential biohazards, proposed precautions, and appropriate emergency procedures, and that the practices and techniques required to ensure safety will be followed. I agree to accept responsibility for training of all laboratory workers involved in the project.

- I hereby adopt the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (4th Edition) as the principal Biosafety manual for my laboratory, or, I will provide a supplemental Biosafety Laboratory manual in addition to, or in place of, the CDC/NIH manual as I deemed necessary or when specifically requested by the IBC. I understand that a supplemental Biosafety manual must be approved by the IBC before research can commence.

- Written reports will be submitted to the Institutional Biosafety Committee concerning:

1. Any accident that results in inoculation, ingestion, and inhalation of infectious agents or recombinant DNA or any incident causing serious exposure of personnel or danger of environmental contamination:

2. Any problems pertaining to operation and implementation of containment safety procedures or equipment or facility failure or security: and,

3. Any new information bearing on the Guidelines such as technical information relating to hazards and safety procedures or innovations.

- I will not carry out the work described in the attached application until it has been filed with and accepted by IBC or, when necessary, until it has been approved by the IBC, other appropriate oversight committees and all sponsoring agency requirements have been met.

_____

Principal Investigator Date

PRINT RESET