Institutional Biosafety Committee (IBC)
Protocol Registration Form

Principal Investigator:_____

Department:_____

Phone:_____ Email: _____

Office Location:_____ Lab Location:_____

Project Title: _____

Date of Submission: _____

Please return completed form to Loretta Greenholtz, Biosafety Officer, 437 Palamountain Hall or e-mail lgreenho@skidmore.edu

General Instructions: The intent of this form is to ensure compliance with NIH/CDC guidelines for research lab biosafety and ASM for teaching lab biosafety. This form ensures that you; understand potential hazards involved in your research, have designed experiments to minimize such hazards, and have communicated these potential hazards and protective measures to anyone involved with research or lab maintenance. In some cases, it may be appropriate to combine m1.0periments to minip5team3 Tm17(i)/ 0 612 79 such

DNA entirely from a prokaryotic host when transferred to another host by well-established physiological means	No	No	n/a

7. Identify host cell(s) or packaging cell line in which recombinant vector will be amplified: _____
8. Is the vector replication competent? _____
9. Are any viral components or sequences present? _____
    a. If yes, specify the nature of the viral components:

10. Does the insert contain >2/3 of a eukaryotic viral genome? _____
11. Is helper virus used? _____
    a. Specify type: _____
12. Is it a retrovirus? _____
13. What cells, tissues, animals, humans, insects, or plants will be exposed to the recombinant?
    _____

14. Will you work with transgenic animals?_____
15. Will human subjects be exposed to rDNA? _____
16. Please provide a description of proposed research, providing enough information to describe specific aims, as well as, appropriate operational details. Please use additional paper if necessary:

Part B: Pathogenic Microorganisms

1. Name of organism (genus, species, strain description) _____

    a. Is the organism attenuated? _____

2. Is a toxin produced?
    a. Will you be working with the toxin? _____

3. Is drug resistance expressed?
    a. If so, indicate to which drugs _____

4. Where (building, room number) is the organism stored?
    a. Are biohazard warning labels in use? _____

5. Is a stock culture prepared? If so, indicate:
    a. Total volume of stock culture_____
    b. Volume aliquoted per individual vial_____
    c. Concentration /ml individual vial_____
    d. Maximum volume used in an experiment_____

6. Is organism inactivated prior to use?
    a. Specific method:_____

7. Do you concentrate the organism in your protocol?

C: Human Cells and Tissues

Include in the following table any established human or primate ATCC cell lines and any other potentially infectious materials:

1.	2.	3.
4.	5.	6.
7.	8.	9.

1. Please provide a brief description of proposed research, providing enough information to describe specific aims, as well as, appropriate operational details. Use additional paper if necessary:

Part D: Animal Use

1. Will biohazardous materials listed above be administered to animals? **If YES, complete the following section. If NO, go to part E for non-animal work safety concerns**

2. What species will be exposed?

3. State the Institutional Animal Care and Use Committee active or pending

   IACUC Protocol number: _____

4. State the maximum volume and concentration to be administered per animal:_____
5. State the maximum volume and concentration to be administered per experiment:_____
11. State On a separate page, please provide a brief description of proposed research, providing enough information to describe specific aims:
6. *Animal* Risk Group (ARG) required:_____
7. Indicate proposed route of administration
   a. Aerosol ☐

b. Catheter or cannula
c. Intranasal
d. IV, IM, IP
e. Other (specify):_____

8. Will the animals be anaesthetized or tranquilized during administration? _____
9. Is the agent(s) an animal pathogen? _____
10. Is the agent(s) a human pathogen? _____
11. Is the agent(s) transmitted from animal to animal? _____
12. Is the agent(s) transmitted from animal to human? _____
13. Will the agent(s) be inactivated prior to use in animals? _____
14. Will the animals be housed in micro-isolator cages? _____
15. Will there be any special procedures or containment needed? _____
    a. Describe any special requirements:

16. Will animal work be performed in a biosafety cabinet? _____

9 -i7 ET4Q(a)-6(?)-9(E) 0 612 792 reW*nBT/F4 11.04 Tf1 0 0 1 108.05 504.62 T

	Autoclave	1/10 bleach solution	Povidone/iodine product	70% ethanol	Phenolic product	Chlorine dioxide product	Quarternary ammonium product	Other: Specify
Routine spill cleanup Solid Waste								

e. What was the source of this material (e.g. ATCC, colleague, other)? _____
    i. Can the sender provide background information or quality control data on the material? _____
    ii. Have you already obtained such documentation? _____

6. Medical surveillance (Check all that apply)

Name:_____ CITI Training Date:_____

Signature:_____ Lab Safety Training Date:_____

Name:_____ CITI Training Date:_____

Signature:_____ Lab Safety Training Date:_____

Part F: Affirmation

I accept responsibility for the safe conduct of work with this material. I accept responsibility for ensuring that all personnel associated with this work have received the appropriate training on the hazards and the levels of containment required to perform this research safely. I will report to Skidmore College EHS any accident or incident that results in a potentially toxic exposure to personnel or any incident releasing recombinant DNA or other potentially hazardous materials into the environment.

Principal Investigator:_____

Signature:_____

Date:_____

Grant Agency and award number, if applicable:_____

IBC Approval Page

(For IBC Use Only)

_____	_____

Approval: Yes ☐ **Yes, with modification** ☐ **Yes, with contingency** ☐

Protocol Approval Date: _____

Protocol Expiration Date: _____

Signatures:

IBC Chairman:_____

Biological Safety Officer:_____

Department Chair:_____

Occupational Physician (as appropriate):_____

Veterinary Physician (as appropriate):_____