Illinois State University
Biosafety Protocol Form for Use of Infectious Agents

### A. Principal Investigator Information (PI Must Be an ISU Faculty Member)

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<tr>
<th>Principal Investigator</th>
<th>Department</th>
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<th>Co-Principal Investigator</th>
<th>Department</th>
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### B. Protocol Information

<table>
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<th>Lab Location:</th>
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Do you have a copy of the CDC/NIH booklet *Biosafety in Microbiological and Biomedical Laboratories (BMBL), 4th edition*?  
_____ Yes  _____ No

### C. Non-Technical Summary of Propose Work (Attach additional page(s) if needed):

FOR EHS USE ONLY

BSL required: BSL1  BSL2  BSL3  BSL4
Risk Group: RG1  RG2  RG3  RG4  N/A
Date Received:  
IBC Protocol #:  
Date Approved:  
BSO Signature:  

## D. Description of Infectious Agents

Name and strain of agent:

This agent is:  
- _____ Viral  
- _____ Fungal  
- _____ Bacterial  
- _____ Parasitic  
- _____ Rickettsial  
- _____ Arboviruses  
- _____ Other & Related Zoonotic  
- _____ Prions  

This agent is a (check all that apply):
- _____ Human Pathogen  
- _____ Animal Pathogen (not human)  
- _____ Plant Pathogen  

Host strain(s) used in this study:

Host maintained in (Room, Bldg):

Means of Transmission:

Disease or Toxin Produced:

Will infectious aerosols be generated?  
- _____ Yes  
- _____ No  

Risk Group for project:  
- RG1  
- RG2  
- RG3  
- RG4  
- Unknown  

Biosafety Level for project:  
- BSL1  
- BSL 2  
- BSL3  
- BSL 4  
- Exempt  

## E. Experiment Location

This work will be conducted:  
- _____ On the lab bench  
- _____ In a biological safety cabinet  
- _____ In a fume hood  
- _____ On a clean bench  
- _____ Other (Please specify):  

Is a biological safety cabinet available?  
- _____ Yes  
- _____ No  

If yes:

- Make/Model: __________________________  
- Date of last certification: ________________  
- Serial #: _______________________________  

## F. Detail the decontamination method for all non-waste and waste generated from the experiment:

Solids:

Liquids:

Others:

## G. Vaccination

Is there any vaccination, skin test or other medical prophylactic treatment or medical surveillance necessitated by work with this (these) agent(s)?  
- _____ Yes  
- _____ No  

If yes, please identify:
H. List of Personnel Associated with the Project

<table>
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*Have each employee initial the document to indicate the employee has been informed of potential hazards, safe work practices, availability medical surveillance and training opportunities (add additional sheet if needed)*

I. Containment Conditions Specified in the NIH/CDC Guidelines that will be used:

J. PI Assurance & Signature

By signing below, I as the Principle Investigator certify that I have read the following statements and agree that I, and all listed participants, will abide by those statements and all ISU policies. I also contest that I am familiar with and agree to abide by the NIH Guidelines, OSHA standards, and other federal and local regulations relating to this project. I will also enforce federal regulations regarding laboratory safety for all persons who work under my direction. I understand I am responsible for correcting work errors and conditions that may result in the release of rDNA materials or infectious agents and ensuring the integrity of the physical containment. I understand the regard to laboratory safety and certify that the protocol as approved by the IBC will be followed during the period covered by this research project. Any future changes will be submitted for IBC review and approval prior to implementation. I understand that this protocol will be reviewed periodically: it is my responsibility to complete and submit the annual Memorandum of Understanding and Agreement by the dead line along with the annual registration. By signing this MUA, I also agree to the following:

- Ensure that the listed personnel have received or will receive all appropriate training necessary for the exposures in the lab and adhere to safe laboratory practices, procedures and the ISU Biosafety Guidelines. The training includes the following, where applicable:
  - General Lab Safety
  - Lab Specific
  - Emergency Action Plan/ Fire Prevention Plan
  - Bloodborne Pathogen- Exposure Control Plan
  - IACUC
  - Radiation Safety
  - X-Ray Safety
- Report any accident or injuries that results in potential exposures to rDNA material, or any incident releasing rDNA material into the environment.
- Report any problems with physical or biological containments
- Report any novel information bearing on the safety of this work such as new technical data relating to biological hazards of specific rDNA molecules or infectious agents.
- Submit in writing a request for approval from IBO of all significant modifications to the study, facilities or procedures (i.e. new agents, new laboratory rooms, change of personnel).
- I will not carry out the work described in this registration until it has been filed with, and if necessary, approved by, the Institutional Biosafety Committee

Signature of Principal Investigator:       Date

Signature of Department Chair:                                                                                             Date

Return completed protocol for review to: Research & Sponsored Programs, Campus Box 3040