

Biosafety Protocol Form for Use of rDNA and Infectious Agents

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| **A. Principal Investigator Information (PI Must Be an ISU Faculty Member)** | |
| Principal  Investigator | Department |
| Telephone  Number **438-** | Email  Address **@ilstu.edu** |
| Fax  Number | Mailing  Address **Campus Box** |
| Co-Principal Investigator Information (may be students) | |
| Co- Principal  Investigator | Department |
| Telephone  Number | Email  Address |
| Fax  Number | Mailing  Address |

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| **B. Protocol Information** |
| Protocol Title. |
| Do you have a copy (electronic or print) of the NIH *Guidelines for Research Involving Recombinant DNA Molecules?*  *Guidelines are available at* [*https://osp.od.nih.gov/wp-content/uploads/NIH\_Guidelines.pdf*](https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf)  *YES*  *NO*  *N/A*  Do you have a copy (electronic or print) of the CDC/NIH booklet *Biosafety in Microbiological and Biomedical Laboratories (BMBL)*, 6th edition? *Guidelines are available at* [*https://www.cdc.gov/labs/pdf/SF\_\_19\_308133-A\_BMBL6\_00-BOOK-WEB-final-3.pdf*](https://www.cdc.gov/labs/pdf/SF__19_308133-A_BMBL6_00-BOOK-WEB-final-3.pdf)  YES  NO |

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| **C. Summary of Proposed Work and Description of Experiments** |
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| **D. Prokaryotic Experiments for rDNA (indicate N/A if not applicable)**  **N/A** |
| Host Strains (Please note whether an *E. coli K-12* based strain is to be used): |
| Host(s) maintained in (room, bldg.): |
| Vector(s): |
| Inserted DNA: (Include names of genes, function (if known) and organisms from which they were cloned.) |
| Will whole virus be cloned?  Yes  No |
| Risk Group for project:  RG1  RG2  RG3  RG4 Unknown  *Consult pages 21-32 of BMBL for guidance.* |
| Biosafety Level for project:  BSL1  BSL2  BSL3  BSL4 Exempt  *Consult pages 41-71 of BMBL for guidance.* |

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| **E. Eukaryotic Experiments for rDNA (indicate N/A if not applicable)**  **N/A** |
| Host Strains: |
| Host(s) maintained in (Room, Bldg.): |
| Vector(s): |
| Inserted DNA (Include names of genes, function (if known) and organisms from which they were cloned.) |
| Helper virus or packaging system: |
| Fraction of eukaryotic viral genome in recombinant DNA:  <1/2  >1/2 but <2/3  >2/3 |

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| **F. Plant or Animal Experiments for rDNA (indicate N/A if not applicable)**  **N/A** |
| Plant or Animal Hosts (give species): |
| If animal use, IACUC Protocol #(s): |
| Vector(s): |
| Inserted DNA (Include names of genes and organism from which they were cloned.) |
| Fraction of eukaryotic viral genome in recombinant DNA:  <2/3  >2/3 |
| Transgenic Plant or Animals?  Yes  No |
| Risk Group for project:  RG1  RG2  RG3  RG4  Unknown  *Consult pages 21-32 of BMBL for guidance.* |
| Biosafety Level for project:  BSL1  BSL2  BSL3  BSL4  Exempt  *Consult pages 41-71 of BMBL for guidance.* |

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| **G. Description of Infectious Agents (indicate N/A if not applicable)**  **N/A** |
| Name and strain of agent: |
| This agent is:  Viral  Fungal  Bacterial  Parasitic  Rickettsial  Arboviruses  Prions  Other & Related Zoonotic |
| 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  *Consult pages 21-32 of BMBL for guidance.* |
| Biosafety Level for project:  BSL1  BSL2  BSL3  BSL4  Exempt  *Consult pages 41-71 of BMBL for guidance.* |

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| **H. Experiment Location** |
| Lab Location(s) [Bldg. / Rm. #]: |
| 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: Click here to enter a date.  Serial #: |

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| **I.** **Describe the Biohazard Potential of These Experiments** (Are special medical surveillance practices recommended?) |
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| **J. Detail the decontamination method for all non-waste and waste generated from the experiment:**  *Minimum contact time of 10 minutes with chemical disinfectant of 500 ppm chlorine or 0.1% quaternary ammonium compound required. Minimum autoclave conditions of 30 minutes, 121ºC, 15 psi required.* |
| Solids: |
| Liquids: |
| Others: |

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| **K. Biohazard Sign Use** |
| Do you currently use biohazard signs?  Yes  No |
| If yes, how?  Lab entrance  Storage areas (refrigerators, freezers)  Work areas (biosafety cabinets, incubators)  Other (Specify): |
| Are the biohazards identified on these signs?  Yes  No |

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| **L. 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: |

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| **M. Containment Conditions Specified in the NIH/CDC Guidelines that will be used:** |
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| N. PI Assurance & Signature |
| By submitting this protocol, 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 and I 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   + Hazard Communication-Lab Standard 29CFR1910.1450   + 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 |
| Name of Principal Investigator: Date: Click here to enter a date. |

**Submission Instructions**: Please submit a completed copy of this form to

Environmental Health and Safety at [**sysenvironmental@ilstu.edu**](mailto:sysenvironmental@ilstu.edu)

or

Environmental Health and Safety

Campus Box 1320

Normal, IL 61790-1320

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| FOR EHS USE ONLY |
| BSL Required: BSL1 BSL2 BSL3 BSL4 |
| Risk Group: RG1 RG2 RG3 RG4 N/A |
| Date Received: Click here to enter a date. |
| IBC Protocol #: |
| Date Approved: Click here to enter a date. |
| BSO Signature:  IBC Chair Signature: |

Form Revised Feb 20123