

Biosafety Protocol Registration Form

PROTOCOL OVERVIEW Title: Principal Investigator (PI)/Teaching Lab Instructor: Department: Email: Phone: 1. Biohazardous Material Category: Complete/submit the Biohazardous Material Detail Form indicated with this registration form; check all that apply. Human Pathogen (Form A - Pathogen) Animal Pathogen (Form A – Pathogen) Plant Pathogen (Form A – Pathogen) Recombinant or Synthetic Nucleic Acid (Form B – rDNA/synthetic DNA) Select Agent/Toxin (see list) or Other Toxin of Biological Origin (Form C – Toxin) Tissue (unfixed) or Bodily Fluids of Human/Primate Origin (Form D - Tissue/Body Fluid) Cells Cell Lines of Human/Primate Origin (Form E – Cells/Cell Lines) Gene Drive Modified Organism (Form F- CRISPR Cas9)

2. Brief Description of the Biohazardous Material: (e.g. - pathogen name, rDNA description, toxin name)

PROTOCOL DETAILS

3. Building and room(s) where the biohazardous material will be utilized and stored:

Building	Room	Research, Teaching, and/or Storage		

4. How	will the biohazardous materia	l be stored while not in use:			
5. Will t	5. Will the biohazardous material be transferred between rooms: Yes No				
	If yes, describe the transfer m	nethod:			
6. Will t	ne material be shipped to and	other location off campus:	Yes	No	
	If yes, describe the destinatio	n and shipping details:			

7. How will the biohazardous material be disposed and/or rendered non-hazardous:

8. Does the protocol involve any high risk activities conducted with biohazardous material:

Yes	No	Activity
		Procedures or equipment that can generate aerosols (e.g cell sorters, sonicators, blenders, homogenizers, vortex, shakers)
		Sharps (e.g. – blades, needles, razors, pipettes)
		Pathogen work outside a biosafety cabinet
		Transfer or disposal of waste outside a biosafety cabinet
		Withdrawing human/animal blood or body fluid
		Vivisection/necropsy
		Other activity

If "other activity" was selected please specify:

9. Describe the step-by-step procedure of how the k safety precautions and the decontamination materi	piohazardous material will be handled/used including als:

PROTOCOL PERSONNEL

10. PI Qualifications to work with Biohazardous Material (include education, training, and experience):

11. List all laboratory personnel who will be working with project related biohazardous material:

Name ¹	Email	Role (PI, CoPI, Student, Technician)	

¹Note that research personnel working with biohazardous material are required to take <u>CITI</u> <u>Biosafety Training</u> prior to working with the biohazardous material.

The CITI course titles identified below are required based on the researcher's role and the type of biohazardous material involved.

"Group 1 – Training for Investigators, Staff, and Students Handling Biohazards" (required for all personnel on an IBC protocol)

"Group 3- OSHA Bloodborne Pathogens" (required for all personnel working with human body fluids and/or tissue)

"Group 4 – Shipping and Transport of Regulated Biological Materials" (required for personnel shipping biological materials)

"Group 5 – NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules" (required for researchers working with rDNA or synthetic DNA or other nucleic acids molecules)

"Group 6- Dual Use Research of Concern (DURC)" (required for all personnel involving hands-on laboratory work with a select agent/toxin (see list))

"Group 8 – USDA Permits Soil/Animal/Plant" (required for all personnel working with soil, animal, or plant biohazards requiring a USDA permit)

"Group 9 – "Biosafety Overview" (required for anyone conducting minimal risk research with biohazardous material that does not require being listed as personnel on a protocol)

PROTOCOL FUNDING (This can determine training and reporting requirements)

12. Will the research be funded by a non-ISU sponsor:

Sponsor:

Proposal Number:

Submit this form and the Biohazardous Material Detail Form to biosafe@isu.edu

To be completed by the Institutional Biosafety Committee (IBC)					
Protocol Number:					
Biosafety Level:	BSL1	BSL2	BSL3	Other	
IBC Approval Require	ments:				
					- 1
					- 1
					- 1
IBC Chair:			Date:		