

**FOR COMMITTEE USE ONLY** IBC# _____Application is Exempt Status ☐ yes ☐ noApproved by full IBC ☐ yes ☐ no

Approved with Conditions _____

Not Approved _____

Approved IBC Chair/BSO _____

Date Review Completed _____

Florida Atlantic University
Institutional Biosafety Committee
Biological Agent/Toxin Registration Form

Complete this application to register and obtain approval for use of a biological agent/toxin in research or teaching projects. This information can be submitted at any time and approvals are granted for a 3 year period. Application must be resubmitted when there is a change made to the proposed work. Please do not hesitate to contact the Biosafety Officer or members of the IBC concerning any policy or procedure.

New Submission ☐ Teaching Purposes ☐ Grant Renewal ☐ Previous IBC # _____

Principal Investigator _____ Phone _____

Department _____ Fax _____

Laboratory/rooms where work will be performed _____ E-mail _____

Project Title _____

Funding Agency _____

Dates of Project: From _____ To _____

1. Attach a concise scientific summary and rationale of the proposed study. The abstract from the grant application may be used.

2. Name(s) of biological agent/toxin that will be used in this project:

3. Name of strains or isolates: _____

4. Where will the agent/toxin(s) be stored? (Bldg, Room) _____

5. Is the agent pathogenic to humans? Yes ☐ No ☐6. Will the project utilize human blood, body fluids or tissue? Yes ☐ No ☐

7. Describe the sources of human tissue, blood or body fluids to be used in your project: _____

8. Human Risk Group _____ (*Laboratories using Risk Group 3 agents must submit a laboratory safety and procedures manual and have it approved by the IBC prior to work with that agent*).9. Is the agent pathogenic to animals? Yes ☐ No ☐10. Is the agent pathogenic to plants? Yes ☐ No ☐11. Is the agent antibiotic resistant? Yes ☐ No ☐

12. Does the project involve or does the microorganism synthesize a toxic molecule lethal for vertebrates?

Yes _____ No _____ Not Known _____ If yes, what toxin? _____

13. Is a USDA or CDC permit required for use of this agent? Yes _____ No _____

14. Does the project involve the infection of animals? Yes _____ No _____ Species _____

If yes, can the infected animal(s) release this microorganism into the environment? Yes _____ No _____

15. Does the project generate > 10 liters of culture? Yes _____ No _____

16. Specify amount/concentration of agent generated during this project. _____
17. What Biosafety Level (BL1, BL2 or BL3) will be used during this project? _____
18. Is there a vaccine available and recommended for persons handling this agent? Yes _____ No _____
19. **Provide laboratory protocols specific to this research.** Be sure to include the following information:
- Identification of potential exposure hazards during sample preparation and experimental manipulations.
(e.g. aerosol generation when transferring, mixing or centrifuging, use of sharps, excretion by animals, etc.)
 - Safety procedures that will be used to minimize risk and prevent release of infectious agents.
(e.g. protective clothing, use of biological safety cabinet, sharps disposal procedures, waste disposal procedures, etc.)
 - Methods to inactivate/decontaminate agent.
 - Accidental spill/exposure procedures.
20. Identify personnel conducting the experiments (including students and temporary staff). Specify applicable training and experience including duration (e.g. 2 years), and project responsibilities. * New PIs must attach CV.

NAME	TRAINING/EXPERIENCE	PROJECT RESPONSIBILITIES

By signing below you are agreeing that all work on this project will be conducted using biosafety practices described in the CDC/NIH Publication entitled *Biosafety in Medical and Biomedical Laboratories (BMBL)* and following FAU policy and procedures. Work must not be conducted before IBC approval is granted.

As Principal Investigator, I hereby certify that prior to initiation of this project, all laboratory staff will be given the protocols that describe potential biohazards and precautions to be taken while working with this material. Laboratory staff involved in this project will be trained in laboratory practices and techniques to ensure safety of personnel and the environment. Personnel will be informed of procedures involving accidents and if medical surveillance is necessary. All laboratory staff will attend compliance training in applicable government rules and regulations.

Principal Investigator's Signature _____ Date _____

As Department Chair, I hereby certify that I have had the opportunity to review the proposal information and have granted departmental approval.

Departmental Chair's Signature _____ Date _____

Send electronic copy of this form to dward@fau.edu and submit the signed form and a copy of the proposal to the Biosafety Officer located at FAU/EH&S 112 CO, Boca Raton, FL 33431 or fax (561) 297-2210. Please also save a copy for your records.