**FOR COMMITTEE USE ONLY** IBC# _____
Application is Exempt Status □ yes □ no
Approved by full IBC □ yes □ no
Approved with Conditions _____
Not Approved _____
Approved IBC Chair/BSO _____
Date Review Completed _____

# Florida Atlantic University
# Institutional Biosafety Committee
# Recombinant DNA Registration Form

**Complete this application to register and obtain approval for use of recombinant DNA 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. Will the project utilize infectious agents for recombinant DNA work? Yes ☐ No ☐
3. Name of Agent(s): _____
4. Name of strains or isolates: _____ 4a. Origin/Source of Agent(s) _____
5. Where will the agent(s) be stored? (Bldg, Room) _____
6. Will your project utilize human blood, body fluids or tissue? Yes ☐ No ☑
7. 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 working with that agent*).
8. What Biosafety Level (BL1, BL2 or BL3) will be used during this project? _____
9. Is there a vaccine available and recommended for persons working on this project? Yes ☐ No ☐
10. Is your project exempt from NIH Guidelines and IBC Approval? (See Exemptions) Yes ☐ No ☐
11. Source(s) of DNA: _____ 11a. Nature of the inserted DNA: _____
12. The host organism and vector system:
    _____
13. Does vector contains >2/3 of Virus Genome? Yes ☐ No ☐ 12a. Is vector replication defective? Yes ☐ No ☐
14. Name of proteins to be expressed:
    _____
15. Will toxic products or oncogenes be produced? Yes ☐ No ☐

16. Does the project generate > 10 liters of culture? Yes ☐ No ☐

17. 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 ☐

18. Does the project involve the deliberate release of recombinant organisms to the environment? Yes ☐ No ☐

19. Does the project involve the use of transgenic animals? Yes ☐ No ☐ 19a. Transgenic plants? Yes ☐ No ☐

20. Provide laboratory protocols describing the rDNA work specific to this research. Be sure to include the following information:

    a. 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.)

    b. 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.)

    c. Methods to inactivate/decontaminate agent.

    d. Accidental spill/exposure procedures.

21. 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 |
|---|---|---|
| | | |
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By signing below you are agreeing that all work on this project will be conducted using biosafety practices described in the NIH Guidelines for Research involving rDNA and 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.

As Principal Investigator, I will supervise the safety performance of the laboratory staff to ensure that the required safety practices are employed. I will investigate and report in writing to the IBC within two days any significant problems pertaining to the operation and implementation of containment practices. I will correct work errors and conditions that may result in the release of rDNA materials, and ensure the integrity of the physical containment (biological safety cabinets) and biological containment (purity and genotypic/phenotypic characteristics).

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.**