



**Institutional Biosafety Committee (IBC)
Protocol Registration Form**

Principal Investigator: _____

Department: _____

Phone: _____ Email: _____

Office Location: _____ Lab Location: _____

Project Title: _____

Date of Submission: _____

Please return completed form to Loretta Greenholtz, Biosafety Officer, 437 Palamountain Hall or e-mail lgreenho@skidmore.edu

DNA entirely from a prokaryotic host when transferred to another host by well-established physiological means	No	No	n/a
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7. Identify host cell(s) or packaging cell line in which recombinant vector will be amplified: _____
8. Is the vector replication competent? _____
9. Are any viral components or sequences present? _____
 - a. If yes, specify the nature of the viral components:

10. Does the insert contain >2/3 of a eukaryotic viral genome? _____
11. Is helper virus used? _____
 - a. Specify type: _____
12. Is it a retrovirus? _____
13. What cells, tissues, animals, humans, insects, or plants will be exposed to the recombinant?

14. Will you work with transgenic animals? _____
15. Will human subjects be exposed to rDNA? _____
16. Please provide a description of proposed research, providing enough information to describe specific aims, as well as, appropriate operational details. Please use additional paper if necessary:

Part B: Pathogenic Microorganisms

1. Name of organism (genus, species, strain description) _____
 - a. Is the organism attenuated? _____
2. Is a toxin produced?
 - a. Will you be working with the toxin? _____
3. Is drug resistance expressed?
 - a. If so, indicate to which drugs _____
4. Where (building, room number) is the organism stored?
 - a. Are biohazard warning labels in use? _____
5. Is a stock culture prepared? If so, indicate:
 - a. Total volume of stock culture _____
 - b. Volume aliquoted per individual vial _____
 - c. Concentration /ml individual vial _____
 - d. Maximum volume used in an experiment _____

6. Is organism inactivated prior to use?
a. Specific method: _____

7. Do you concentrate the organism in your protocol?

C: Human Cells and Tissues

Include in the following table any established human or primate ATCC cell lines and any other potentially infectious materials:

1.	2.	3.
4.	5.	6.
7.	8.	9.

1. Please provide a brief description of proposed research, providing enough information to describe specific aims, as well as, appropriate operational details. Use additional paper if necessary:

Part D: Animal Use

1. Will biohazardous materials listed above be administered to animals? **If YES, complete the following section. If NO, go to part E for non-animal work safety concerns**
2. What species will be exposed?
3. State the Institutional Animal Care and Use Committee active or pending
IACUC Protocol number: _____
4. State the maximum volume and concentration to be administered per animal: _____
5. State the maximum volume and concentration to be administered per experiment: _____
11. State On a separate page, please provide a brief description of proposed research, providing enough information to describe specific aims:
6. *Animal Risk Group (ARG)* required: _____
7. Indicate proposed route of administration
 - a. Aerosol

- b. Catheter or cannula
 - c. Intranasal
 - d. IV, IM, IP
 - e. Other (specify): _____
8. Will the animals be anaesthetized or tranquilized during administration? _____
9. Is the agent(s) an animal pathogen? _____
10. Is the agent(s) a human pathogen? _____
11. Is the agent(s) transmitted from animal to animal? _____
12. Is the agent(s) transmitted from animal to human? _____
13. Will the agent(s) be inactivated prior to use in animals? _____
14. Will the animals be housed in micro-isolation cages? _____
15. Will there be any special procedures or containment needed? _____
- a. Describe any special requirements:
16. Will animal work be performed in a biosafety cabinet? _____

9ed in micro-isolation cages? (E) 0 612 792 reW*BT/F4 11.04 Tf1 0 0 1 108.05 504.62 T

- e. What was the source of this material (e.g. ATCC, colleague, other)? _____
- i. Can the sender provide background information or quality control data on the material? _____
 - ii. Have you already obtained such documentation? _____

6. Medical surveillance (Check all that apply)

Name: _____

CITI Training Date: _____

Signature: _____

Lab Safety Training Date: _____

Name: _____

CITI Training Date: _____

Signature: _____

Lab Safety Training Date: _____

Part F: Affirmation

I accept responsibility for the safe conduct of work with this material. I accept responsibility for ensuring that all personnel associated with this work have received the appropriate training on the hazards and the levels of containment required to perform this research safely. I will report to Skidmore College EHS any accident or incident that results in a potentially toxic exposure to personnel or any incident releasing recombinant DNA or other potentially hazardous materials into the environment.

Principal Investigator: _____

Signature: _____

Date: _____

Grant Agency and award number, if applicable: _____



IBC Approval Page

(For IBC Use Only)

_____	_____
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Approval: Yes Yes, with modification Yes, with contingency

Protocol Approval Date: _____

Protocol Expiration Date: _____

Signatures:

IBC Chairman: _____

Biological Safety Officer: _____

Department Chair: _____

Occupational Physician (as appropriate): _____

Veterinary Physician (as appropriate): _____

