

University of Arkansas
Institutional Biosafety Committee
Registration for Research Projects
Form 1: GENERAL INFORMATION

IBC Number: <input type="text"/>
<i>For Committee Use Only.</i>

Principal Investigator Name: First M.I. Last

Please check the boxes for any of the forms below that are applicable to the research project you are registering. **The General Information Form (Form 1) MUST be completed on all submitted project registrations, regardless of the type of research.**

- General information (*must be completed*) (FORM 1)
- Recombinant DNA (**EVEN IF IT IS EXEMPT** from the NIH Guidelines.) (FORM 2)
- Pathogens (*human/animal/plant*) (FORM 3)
- Biotoxins (FORM 4)
- Human materials/nonhuman primate materials (FORM 5)
- Animals or animal tissues and any of the above categories; transgenic animals, plant tissues; wild vertebrates or tissues. (FORM 6)
- Plants, plant tissues, or seed and any of the above categories; transgenic plants, plant tissues, or seeds (FORM 7)
- CDC regulated select agents (FORM 8)
- Notice to Pat Walker Health Center (FORM 9)

1. To initiate the review process, you must attach and send all completed registration forms via email to: ibc@uark.edu .
ALL REGISTRATION FORMS MUST BE SUBMITTED ELECTRONICALLY.
2. To complete your registration, you must print out page 1 of this form, sign, date (by the Principal Investigator), and mail to: Compliance Coordinator-IBC, 1 Admin. Building, Fayetteville, AR 72701. You may also FAX it to 479-575-3846.

As Principal Investigator:

I attest that the information in the registration is accurate and complete and I will submit changes to the Institutional Biosafety Committee in a timely manner.

I am familiar with and agree to abide by the current, applicable guidelines and regulations governing my research, including, but not limited to, the NIH *Guidelines for Research Involving Recombinant DNA Molecules* and the *Biosafety in Microbiological and Biomedical Laboratories*.

I agree to accept responsibility for training all laboratory and animal care personnel involved in this research on potential biohazards, relevant biosafety practices, techniques, and emergency procedures.

If applicable, I have carefully reviewed the NIH Guidelines and accept the responsibilities described therein for principal investigators (Section IV-B-7).

I will submit a written report to the Institutional Biosafety Committee and the Office of Recombinant DNA Activities at NIH (if applicable) concerning: any research related accident, exposure incident, or release of rDNA materials to the environment; problems pertaining to the implementation of biological and physical containment procedures; or violations of the NIH Guidelines.

I agree that no work will be initiated prior to project approval by the Institutional Biosafety Committee.

I will submit in a timely fashion my annual progress report to the IBC.

Signature (PI): _____ Date: _____

CONTACT INFORMATION

Principal Investigator:

Name: Title:

Department: Campus Address:

Phone#: A/C Phone E-Mail

Fax#: A/C Phone

After hours phone number (required if research is at Biosafety Level 2 or higher):

Phone#: A/C Phone

Co-Principal Investigator:

Name: Title:

Department: Campus Address:

Phone#: A/C Phone E-Mail

Fax#: A/C Phone

After hours phone number (required if research is at Biosafety Level 2 or higher):

Phone#: A/C Phone

PROJECT INFORMATION

Have you registered ANY project previously with the Institutional Bio Safety Committee? (Check one) Yes No

New project Renewal (Mandatory after 3 years)

Project Title:

Project Duration: Start Date End Date

Indicate what containment conditions you propose to use (check all that apply):

- Biosafety Level 1 (2,3)
- Biosafety Level 2 (2,3)
- Biosafety Level 3 (2,3)
- Animal Biosafety Level 1 (2,3a,3b)
- Animal Biosafety Level 2 (2,3a,3b)
- Animal Biosafety Level 3 (2,3a,3b)
- Plant Biosafety Level 1 (3)
- Plant Biosafety Level 2 (3)
- Plant Biosafety Level 3 (3)

NOTE: Hyperlinks for references throughout this form are available on the last page of this form.

References for Biosafety criteria:

- (1) University of Arkansas Biological Safety Manual - <http://ehs.uark.edu/DocumentPages/BiosafetyManual04.pdf>
- (2) Biosafety in Microbiological and Biomedical Laboratories (BMBL) - 4th edition. CDC - Dept. of Health & Human Services - <http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm>
- (3) NIH Guidelines for work involving recombinant DNA molecules; "<http://www4.od.nih.gov/oba/ibc/ibcindexpg.htm>"

If working at BL-2, has your laboratory received an onsite inspection by the Biosafety Officer or a member of the IBC?

Yes Date (if known) No (If No - schedule the inspection with the BSO)

Please provide the following information on the research project (**Please DO NOT attach or insert entire grant proposals unless it is a Research Support & Sponsored Programs proposal**) -

Project Abstract:

Specific Aims:

A large empty rectangular box intended for writing specific aims.

Relevant *Materials and Methods*: *(this information should be specific to the research project)*

** This information can be attached as an electronic document (Word or Word Perfect formats) or entered in the space provided (If you add an attachment, to your e-mail or FAX. Please indicate "see attached" and list the file name in the space provided):*

PERSONNEL QUALIFICATIONS & FACILITY INFORMATION:

List all personnel (including PI and Co-PI) to be involved in this project:

Name: (first and last) - **POSITION** (Title, academic degrees, certifications, and material field of expertise)

QUALIFICATIONS/TRAINING/RELEVANT EXPERIENCE
Describe previous work or training with biohazardous and/or recombinant DNA and include Biosafety Levels)

Example:

Bob Biohazard - Associate Professor, PhD Microbiology

14 yrs working with E. coli at BL1, Salmonella enterica at BL2, 8 yrs working with transgenic mice.

Additional Personnel Information (if needed):

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List all the laboratories/facilities where research is to be conducted (specify building, room number and category for each (e.g. laboratories, cold/warm rooms, animal care facilities or farms, growth chambers and greenhouses, biological material storage areas, tissue culture rooms.)

	Building	Room Number	Category	New Biohazard Door Sign?
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes
12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes

Additional Laboratory/Facility Information (if needed):

*** Biohazard signs are required for entrances to Biosafety Level 2 areas (including Animal Biosafety Level 2 areas). The Office of Environmental Health & Safety will supply these signs.**

If an updated biohazard sign is required, please indicate the location and what agents/organisms/hazards should be listed on the sign in addition to what is being registered. Describe below:

SAFETY PROCEDURES:

Please indicate which of the following personal protective equipment (PPE) will be used to minimize the exposure of laboratory personnel during all procedures requiring handling or manipulation of the registered biological materials.

GLOVES:

Latex Vinyl Nitrile Leather Other (specify)

FACE & EYE PROTECTION:

Face Shield Safety Goggles Safety Glasses Other (specify)

CLOTHING PROTECTION:

Disposable clothing protection Re-usable Coverall
Re-usable Lab Coat Other (specify)

How will protective clothing be cleaned once dirty or contaminated? (Check all that apply)

Autoclaved prior to laundering or disposal Laundered in on-site facilities with bleach
Laundered with qualified commercial service Other (specify)

Outline procedures for routine decontamination of work surfaces, instruments, equipment, glassware and liquid containing infectious materials (Autoclaving or fresh 10% bleach as a chemical disinfectant are preferred treatments; please specify and justify exceptions):

Describe waste disposal methods employed for all biological and recombinant materials used. (Please include methods involving the following types of waste)**

Sharps:

Cultures, stocks, and disposable labware:

Pathological Waste:

Other:

**** For more information, please reference the Biological Safety Manual at <http://ehs.uark.edu/DocumentPages/BiosafetyManual04.pdf>**

Indicate autoclave location(s) used for waste disposal and describe autoclave validation procedures:

Will you be using a biological safety cabinet? (choose one)

Yes

No

If yes, please provide the following information:

SERIAL NUMBER	CERTIFICATION EXPIRATION DATE	LOCATION OF UNIT (Bldg./room)	MAKE/MODEL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Indicate if any of the following aerosol-producing procedures will occur:

- | | | | | |
|--------------|------------|-----------|----------------------------------|------------------|
| Centrifuging | Grinding | Blending | Vigorous shaking or mixing | Sonic disruption |
| Pipetting | Dissection | Stomacher | Inoculating animals intranasally | |

Other (please describe):

Describe the procedures/equipment that will be used to prevent personnel exposure during aerosol-producing procedures:

EMERGENCY PROCEDURES

In the event of **personnel** exposure (e.g. mucous membrane exposure or parenteral inoculation), describe what steps will be taken including treatment, notification of proper supervisory and administrative officials, and medical follow up evaluation or treatment.

In the event of **environmental** contamination, describe what steps will be taken including a spill response plan incorporating necessary personal protective equipment (PPE) and decontamination procedures.

TRANSPORTATION/SHIPMENT OF BIOLOGICAL MATERIALS

As per the Department of Transportation **49 CFR Parts 171-173** (5), some biological materials are regulated as hazardous materials and require special training of all personnel involved in shipping.

Will you be transporting or shipping any of the following off campus? (Yes or No)

Yes No

If yes, check all that apply.

Cultures of human or animal pathogens

Environmental samples known or suspected to contain a human or animal pathogen

Human or animal material (including excreta, secretions, blood and its components, tissue or tissue fluids, and cell lines) containing or suspected of containing a human or animal pathogen

Have you or anyone in your lab involved in packaging, labeling, or completing/signing paper work received training to ship infectious substances or diagnostic specimens within the past 3 years? (Choose Yes **or** No.)

Yes

No

If yes, please provide the following information.

Name	Date Trained	Certified Shipping Trainer

REFERENCES

1. Research and Sponsored programs Research Compliance: <http://avcf.uark.edu/>
2. Biosafety in Microbiological and Biomedical Laboratories (BMBL) - 4th ed. CDC - Dept. of Health and Human Services: <http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm>
3. NIH Guidelines for work involving recombinant DNA molecules: <http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html>
4. University of Arkansas Office of Environmental Health & Safety: <http://ehs.uark.edu/>
5. Department of Transportation - Hazardous Materials: Standards for Infectious Substances: **49 CFR Parts 171-173**