

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	No	No	n/a	
transferred to another host by well-established				
physiological means				

	Identify host cell(s) or packaging cell line in which recombinant vector will be amplified:
	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?
	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?
	Will human subjects be exposed to rDNA?
	Please provide a description of proposed research, providing enough information to describe
10.	specific aims, as well as, appropriate operational details. Please use additional paper if necessary:
	D. A.D. D. A
	Part B: Pathogenic Microorganisms
1	Name of organism (genus, species, strain description)
1.	Traine of organism (genus, species, strain description)
	a. Is the organism attenuated?
2	Is a toxin produced?
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	9 WILL YOU BO WORKING WITH THO TOVIN'
3	a. Will you be working with the toxin?
٥.	
	Is drug resistance expressed?
4.	Is drug resistance expressed? a. If so, indicate to which drugs
4.	Is drug resistance expressed? a. If so, indicate to which drugs Where (building, room number) is the organism stored?
4.	Is drug resistance expressed? a. If so, indicate to which drugs
	Is drug resistance expressed? a. If so, indicate to which drugs Where (building, room number) is the organism stored? a. Are biohazard warning labels in use?
	Is drug resistance expressed? a. If so, indicate to which drugs Where (building, room number) is the organism stored? a. Are biohazard warning labels in use? Is a stock culture prepared? If so, indicate:
	Is drug resistance expressed? a. If so, indicate to which drugs Where (building, room number) is the organism stored? a. Are biohazard warning labels in use? Is a stock culture prepared? If so, indicate: a. Total volume of stock culture
	Is drug resistance expressed? a. If so, indicate to which drugs Where (building, room number) is the organism stored? a. Are biohazard warning labels in use? Is a stock culture prepared? If so, indicate: a. Total volume of stock culture b. Volume aliquoted per individual vial
	Is drug resistance expressed? a. If so, indicate to which drugs Where (building, room number) is the organism stored? a. Are biohazard warning labels in use? Is a stock culture prepared? If so, indicate: a. Total volume of stock culture

6.	Is organism	inactivated	prior to use?	
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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:

- 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

c. Intranasald. IV, IM, IPe. Other (specify):	
e Other (specify):	
c. 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-i3dEaTeQ(a)ge(?)-9(E) 0 612 792 reW*hBT/F4 11.04 Tf1 0 0 1 108.05	5 504.62
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?	

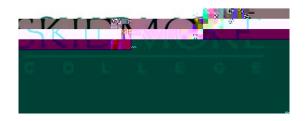
	Autoclave	1/10 bleach solution	Povidone/io dine product	70% ethanol	Phenolic product	Chlorine dioxide product	Quarternary ammonium product	Other: Specify
Routine spill cleanup								

Solid Waste

e.	What v	vas 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 applical	ble:				



IBC Approval Page

(For IBC Use Only)

Approval: Yes	Yes, with modification \Box	Yes, with contingency
Protocol Approval Date: _		
Protocol Expiration Date:		
Signatures:		
IBC Chairman:		
Biological Safety Officer:		
Department Chair:		
Occupational Physician (as	appropriate):	
Veterinary Physician (as an	propriate):	