



**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](mailto:lgreenho@skidmore.edu)**





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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): \_\_\_\_\_

