**BIOSAFETY REGISTRATION FORM**

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_

Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of the Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Duration of the Initial Research Grant: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Source of Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I am familiar with and agree to abide by the UPD-IBC Recombinant DNA Guidelines, DOST-NCBP Biosafety Guidelines, institutional policies, and other local regulations relating to this project.

I attest that the information contained in the attached registration is accurate and complete.

I accept responsibility for ensuring that all personnel involved in this project will be trained regarding the procedures approved, the potential biohazards, relevant biosafety practices, and emergency procedures.

I will immediately notify and submit written reports to the Institutional Biosafety Committee concerning:

1. Any accident that results in a known or potential exposure to recombinant DNA materials, infectious agents or biological toxins; or any incident resulting in the known or suspected release into the environment of recombinant DNA materials, infectious agents or biological toxins into the environment.
2. Any problems with physical or biological containment safety procedures or equipment, or facility failures.
3. Any new information bearing on the safety of this work such as technical data relating to hazards and safety procedures.

**Principal Investigator: Date:**

**Signature over printed name**

**To submit for review, please e-mail this form to**: [updibc@gmail.com](mailto:updibc@gmail.com)

1. **PERSONNEL.** (The list of personnel should include all those who will physically handle the biohazardous agents or recombinant DNA molecules and are conceivably at risk from research procedures involving the use of these biological materials. Approval of the proposed experiment is given only for the identified personnel listed below. Use additional sheet if necessary).

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| --- | --- | --- | --- | --- |
| **NAME** | **POSITION/TITLE** | **DEPARTMENT** | **E-MAIL** | **TEL. NO.** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |

1. **BIOHAZARDOUS AGENT(S):** Provide the name of each of the agent/material you are requesting to use and **biosafety level (BSL) of biological agents**.

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1. **LOCATION OF EXPERIMENTS, STORAGE OF AGENTS, AND PHYSICAL CONTAINMENT EQUIPMENT** (e.g. autoclave, biosafety cabinet (BSC), etc. approval of the proposed experiments is given only for the locations listed below. **For the biosafety cabinet, include name of the manufacturer, model, serial number and certification**).

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| **BUILDING** | **ROOM NUMBER** | **BIOSAFETY LEVEL** | **SHARED ROOM** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

1. **DESCRIPTION OF THE EXPERIMENT**

Provide a short summary of the project, explaining the objective(s) and methods to be used. Include the experimental procedures and assays that will be used to enhance biosafety; describe procedures that could possibly create biohazards (i.e. aerosol generated from centrifugation, FACS analysis, exposure to sharps, etc.) If animal work is included, state the experimental procedures to be used. Provide information concerning potential biohazards or animal model specific hazards. **Use additional sheet if necessary**.

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1. Does proposed research involve recombinant DNA (rDNA)? If no, proceed to question 2.

YES NO

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If vector is plasmid based, describe the plasmid and insert, or nature of synthetic nucleic acid, use maps if available.

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Provide source of plasmid material (e.g. made in lab X, purchased from company Y, gift from Dr. Z)

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Include source of vector (e.g. made in lab X, purchased from company Y, gift from Dr. Z)

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Describe host cells into which rDNA will be introduced (include source of host cells).

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Provide information concerning nature of insert (specific gene(s), class of gene, source of insert, gene function, etc.)

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1. Does proposed research involve infectious agents? If yes, answer the questions below.

YES NO

Information on many infectious agents can be found at <http://www.absa.org/riskgroups/index.html>

Name the biological agent(s) and biosafety level (include the source of biological agent/material).

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Provide antibiotic/antiviral drug resistance profile for specific strain of agent(s) to be used in the project (include the concentration and volumes of agents generated). Will volumes in excess of 10 liters be generated?

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List the target cells/animals to be used. If animals will be used, describe biosafety precautions to be taken (include the housing conditions and methods of animal transport, if appropriate).

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Biohazardous agents will be stored in secondary containment.

YES NO

All equipment used with biohazard agents will be provided with biohazard labels.

YES NO

All biohazard agents will be placed in secondary containment prior to transport.

YES NO

Decontamination will be performed using 0.5% sodium hypochlorite (1:10 dilution).

YES NO

If bleach is not appropriate (e.g. corrosive to equipment), provide name of disinfectant(s), concentration to be used and contact time.

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1. Describe precautions to be taken when handling biohazardous materials:

PPE: Check all that apply

Mask Gloves

Lab coat Shoe covers

Disposable gown Sharps safety

Head/Hair cover Respirator (provide type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the risk of infection, clinical symptoms, and any recommended medical surveillance and preventive laboratory practices to be used.

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1. Indicate training status of all listed personnel.

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