**University of the Philippines Diliman**

**Institutional Biosafety Committee**

Office of the Vice Chancellor for Research and Development

Lower Ground Floor, PHIVOLCS Building, C.P. Garcia Avenue Quezon City Philippines 1101

Telephone No. (+632) 9818500 local 4048 | Email: updibc@gmail.com

**BIOSAFETY REGISTRATION FORM**

1. Name of principal investigator:

Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Email address:
2. Telephone number:
3. Fax number:
4. Title of research project:
5. Duration of research project
	1. Date project will start:
	2. Date project will end:
6. Source of funding:

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 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.

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1. Signature over printed name:
2. Date signed:

***To submit for review, email the completed form to 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** | **AFFILIATION** | **EMAIL AND CONTACT NUMBER** |
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1. BIOHAZARDOUS AGENT(S): Provide the name and risk group of each of agent/material you are requesting to use.

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| **NAME OF BIOHAZARD** | **RISK GROUP** |
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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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| **RESEARCH LAB (ROOM NUMBER)** | **BUILDING** | **BIOSAFETY LEVEL** | **HAS THE RESEARCH LAB BEEN INSPECTED BEFORE BY THE UPD IBC?**  | **IS THE RESEARCH LAB A SHARED FACILITY?** |
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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. Accomplish the items below if the proposed research involves recombinant DNA (rDNA)
		1. If the vector is plasmid based, describe the plasmid and insert, or nature of synthetic nucleic acid, use maps if available.

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* + 1. Provide source of plasmid material

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* + 1. Include the source of vector

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* + 1. Describe the host cells into which rDNA will be introduced (include source of host cells).

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* + 1. Provide information concerning the nature of insert (specific gene, class of gene, source of insert, gene function, etc.)

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* 1. Accomplish the items below if the proposed research involves infectious agents. Information on many infectious agents can be found at http://www.absa.org/riskgroups/index.html
		1. Name the biological agents and biosafety level (include the source of biological agent)

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* + 1. 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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* + 1. 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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* + 1. Biohazardous agents will be stored in Yes No

secondary containment.

* + 1. All equipment used with biohazard agents Yes No

will be provided with biohazard labels.

* + 1. All biohazard agents will be transported following Yes No

appropriate guidelines (e.g. IATA ISSG)

* + 1. Decontamination will be performed using Yes No

0.5% sodium hypochlorite (1:10 dilution).

* + 1. If bleach is not appropriate (e.g. corrosive to equipment), provide the name of disinfectant(s), concentration and contact time, to be used.

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

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* 1. Check all PPE that will be used in the conduct of the study:

 Mask Shoe covers

 Lab coat Sharps safety

 Disposable gown Respirators (indicate type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head/Hair cover Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Gloves

* 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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1. SUMMARY OF BIOSAFETY PRECAUTIONS TO BE USED IN THE STUDY. Create additional rows as needed.

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| **Objective** | **Name of procedure**(e.g. DNA extraction) | **Biohazard to be used or generated**(e.g. *E. coli*, DNA) | **Risk group**(e.g. 2, 1) | **Research lab to be used**(e.g. Name or Room No.) | **Is the lab UPD-IBC certified?** (e.g. Yes/No) | **Personnel assigned** (e.g. Jose Reyes) | **Mitigation controls**(e.g. BSC, lab coat, gloves,Disinfection, etc.)  | **Waste disposal method** (e.g. decontamination) |
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