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

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-isolator 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? _____

9 -i7 ET4Q(a)-6(?)-9(E) 0 612 792 reW*nBT/F4 11.04 Tf1 0 0 1 108.05 504.62 T

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

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)

_____	_____

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):_____