

University of Arkansas - Fayetteville  
**Institutional Biosafety Committee**  
**Registration for Research Projects**

IBC number:

*For Committee Use Only.*

Principal Investigator Name: First M.I. Last

**Form 2: rDNA RESEARCH**

**CLASSIFICATION**

Information regarding Risk Group Classifications can be found in the NIH Guidelines, Section II and Appendix B. See the [NIH Guidelines](#).

Which of the seven categories from the NIH Guidelines apply to the proposed project? (Select all that apply):

**Section III-A:** Experiments that Require IBC Approval, RAC Review and NIH Director Approval Before Initiation.

**Section III-B:** Experiments that Require NIH/OSP and IBC Approval Before Initiation

**Section III-C:** Experiments that Require IBC and IRB Approval and NIH/OSP Registration Before Initiation.

**Section III-D:** Experiments that Require IBC Approval Before Initiation

**Section III-E:** Experiments that Require IBC Notification Simultaneous with Initiation

**Section III-F:** Exempt Experiments (REGISTRATION IS STILL REQUIRED)

**Appendix F:** Biosynthesis of Molecules Toxic to Vertebrates

IBC - Institutional Biosafety Committee  
RAC - Recombinant DNA Advisory Committee  
OSP - Office of Science Policy (NIH)  
NIH - National Institutes of Health

**HOST INFORMATION**

List all host strains for rDNA work (if host strains or the vector are classified as Risk Group 2 or 3, FORM 3 must also be completed and submitted; if any host strain is an animal or plant, FORM 6 or 7, respectively, must also be completed and submitted.

Genus & Species	Strain and/or ATCC#	Genotype	Check if <i>E.coli</i> KV 12 strain	Check if <i>E.coli</i> B strain
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Orders from the American Type Culture Collection (ATCC) should be made under the institutional Material Transfer Agreement (MTA). Contact the [Office of Research Compliance](#) for assistance.

**VECTOR INFORMATION**

Are there any known oncogene, toxin-producing or eukaryotic viral nucleic acids in the vector(s)/plasmid(s)?

Check one:      YES                      NO                      *If yes, please identify below.*

Indicate what fraction of a eukaryotic viral genome is contained in the recombinant DNA molecules (including vector and insert):

0                      < 1/2                      >1/2 but < 2/3                      > 2/3

<b>Vector Name &amp; Class*</b>	<b>Check if Replication Competent</b>	<b>If Replication Deficient, explain mechanism</b>
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\* examples are poxvirus, adenovirus, retrovirus, lentivirus, etc. Vectors will be:

Constructed in my lab      Purchased from a vendor      Obtained elsewhere, *please specify below:*

Vector Name & Class\*

Bacterial Host Range

Extended Host Range

(narrow range: e.g. *E. coli* and close relatives)

(broad range: e.g. *E. coli*, yeast, mammalian, etc)

\* = vector class; examples are nonconjugative, conjugative, mobilizable, lamboid, F bacteriophage, etc.

Will any combination of host(s) and vector(s) be used that could lead to conjugal transfer of recombinant molecules?

YES

NO

If yes, please identify:

**CLONED DNA INFORMATION**

**Cloned DNA/RNA**  
(Species and strain from which derived)

**Function of Gene/Sequence**

**Check if the  
gene will be  
expressed**

If your project involves additional cloned DNA/RNA segments, please list here:

Will Large-Scale (10 liters) Fermentation be performed?

YES

NO

*If yes, please provide information in the following table:*

**Host**

**Vector**

**Cloned DNA**

**Products to be used\***

\* (cell pellet/paste, concentrated supernatant)

**Form 2: RECOMBINANT DNA RESEARCH. contd.**

Where will the fermentation occur?

Onsite (UA) in my lab. Provide building and room number:

Onsite (UA) in other lab. Provide building and room number:

Offsite - Commercial

Please specify:

Offsite - Other Research Institution

Please specify: