University of Arkansas

Institutional Biosafety Committee

Registration for Research Projects

Form 1: GENERAL INFORMATION

IBC Number: _____

For Committee Use Only.

Principal Investigator Name: First _____ M.I. _____ Last _____

Please check the boxes for any of the forms below that are applicable to the research project you are registering. *The General Information Form (Form 1) MUST be completed on all submitted project* registrations, regardless of the type of research.

- [x] **General Information (MUST BE COMPLETED) (Form 1)**
- [ ] **Recombinant and/or synthetic nucleic acid molecules (rDNA; Even if EXEMPT from the NIH Guidelines) (Form 2)**
- [ ] **Risk Group 2 or 3 Organisms (pathogenic to humans/plants/animals) (Form 3)**
- [ ] **Biological Toxins (Form 4)**
- [ ] **Human Materials/nonhuman primate materials (Form 5) IRB # (if applicable):** _____
- [ ] **Animals or animal tissues and any of the above categories; transgenic animals; wild vertebrates or tissues (Form 6) AUP # (if applicable):** _____
- [ ] **Plants, plant tissues, or seed any of the above categories; transgenic plants, plant tissues, or seeds (Form 7)**
- [ ] **Notice to Pat Walker Health Center (Form 8)**
- [ ] **Use of Mammalian Tumor Cell Lines (Form 9)**

1. To initiate the review process, you must attach and send all completed registration forms via email to: ibc@uark.edu . ALL REGISTRATION FORMS MUST BE SUBMITTED ELECTRONICALLY.

2. If you (the PI) are unable to sign Page 1 digitally, please print out page 1 of this form, sign, date, scan and email it to ibc@uark.edu. You may also mail to: Compliance Coordinator-IBC, 109 MLKG, Fayetteville, AR 72701 or FAX it to 479-575-6527.

As Principal Investigator:

- [ ] I attest that the information in the registration is accurate and complete. I will submit changes to the IBC in a timely manner.
- [ ] I am familiar with and agree to abide by current, applicable guidelines and regulations governing my research, including, but not limited to, the *NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules* (NIH Guidelines) and *Biosafety in Microbiological and Biomedical Laboratories* (BMBL).
- [ ] I agree to accept responsibility for training all laboratory and animal care personnel involved in this research on potential biohazards, relevant biosafety practices, techniques, and emergency procedures.
- [ ] If applicable, I have carefully reviewed the NIH Guidelines and accept the responsibilities described therein for principal investigators (Section IV-B-7).
- [ ] I will submit a written report to the IBC and to the NIH Office of Science Policy (if applicable) concerning: any research-related accident, exposure incident, or release of rDNA materials to the environment; problems pertaining to the implementation of biological and physical containment procedures; or violations of the NIH Guidelines.
- [ ] I agree that no work will be initiated prior to project approval by the IBC.
- [ ] I agree that either the PI or a Co-PI will appear before the IBC to answer any questions or address concerns about this protocol in order to secure approval.

Signature (PI): _____ **Date:** _____

CONTACT INFORMATION

Principal Investigator:

Name: Title:

Department: Campus Address:

E-Mail:

Phone: Fax:

After hours phone number (required if research is at Biosafety Level 2):

Phone:

Co-Principal Investigator:

Name: Title:

Department: Campus Address:

Phone: E-Mail:

Fax:

After hours phone number (required if research is at Biosafety Level 2):

Phone:

PROJECT INFORMATION

Have you registered ANY project previously with the Institutional Biosafety Committee? (*Check one)* Are you registering a new project or renewing a previous project registration? ☐ Yes ☐ No

☐ New project ☐ Modification ☐ Renewal (*Mandatory after 3 years*)

Project Title:

Project Duration: Start Date End Date

Indicate what containment conditions you propose to use (check all that apply):

☐ Biosafety Level 1 *(2,3)*
☐ Animal Biosafety Level 1 *(2,3a,3b)*
☐ Plant Biosafety Level 1 *(3)*

☐ Biosafety Level 2 *(2,3)*
☐ Animal Biosafety Level 2 *(2,3a,3b)*
☐ Plant Biosafety Level 2 *(3)*

NOTE: Hyperlinks for references throughout this form are available on the last page of this form.

References for Biosafety criteria **(click to view)**:

(1) University of Arkansas Biological Safety Manual
(2) Biosafety in Microbiological and Biomedical Laboratories (BMBL) - 6th edition. CDC/NIH
(3) NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules

If working at BSL-2, has your laboratory been inspected by the Biological Safety Officer or a member of the IBC?

☐ Yes Date (if known) ☐ No (*If No* - schedule the inspection with the BSO)

Please provide the following information on the research project **(Please DO NOT attach or insert entire grant proposals unless it is a Research Support & Sponsored Programs proposal)**

This information can be attached as a Word document or entered into the space provided. If more space is needed, you may attach a Word document. Please indicate "see attached" and list the file name in the space below.

Project Abstract:

Specific Aims:

If more space is needed, you may attach a Word document. Please indicate "see attached" and list the file name in the space below.

Relevant *Materials and Methods*: *(this information should be specific to the research project)*

Relevant *Materials and Methods (cont'd)*: *(this information should be specific to the research project)*

PERSONNEL QUALIFICATIONS & FACILITY INFORMATION:

List all personnel (including PI and Co-PI) to be involved in this project:

Name: (first and last) **- POSITION** (Title, academic degrees, certifications, and material field of expertise) and **ROLE On PROTOCOL** (PI, Co-PI, Lab Manager, etc.)	**QUALIFICATIONS/TRAINING/RELEVANT EXPERIENCE** Describe previous work or training with biohazardous and/or rDNA and include Biosafety Levels)
Example: Bob Biohazard - Associate Professor, PhD Microbiology, PI	14 yrs working with *E. coli* at BSL1, *Salmonella enterica* at BSL2, 8 yrs working with transgenic mice.

Additional Personnel Information (if needed):

List all the laboratories/facilities where research is to be conducted (specify building, room number and category for each **(e.g. laboratories, cold/warm rooms, animal care facilities or farms, growth chambers and greenhouses, biological material storage areas, tissue culture rooms.)**

	Building	Room Number	Category	Biosafety Level	New Biohazard Door Sign?
1.					☐ Yes
2.					☐ Yes
3.					☐ Yes
4.					☐ Yes
5.					☐ Yes
6.					☐ Yes
7.					☐ Yes
8.					☐ Yes
9.					☐ Yes
10.					☐ Yes
11.					☐ Yes
12.					☐ Yes

Additional Laboratory/Facility Information (if needed):

* **Biohazard signs are required for entrances to Biosafety Level 2 areas (including Animal Biosafety Level 2 areas). The Office of Environmental Health & Safety will supply these signs.**

If an updated biohazard sign is required, please indicate the location and what agents/organisms/hazards should be listed on the sign in addition to what is being registered. Describe below:

SAFETY PROCEDURES:

Please indicate which of the following personal protective equipment (PPE) will be used to minimize the exposure of laboratory personnel during all procedures requiring handling or manipulation of the registered biological materials.

GLOVES:

☐ Latex ☐ Vinyl ☐ Nitrile ☐ Leather ☐ Other (specify) _____

FACE & EYE PROTECTION:

☐ Face Shield ☐ Safety Goggles ☐ Safety Glasses ☐ Other (specify) _____

CLOTHING PROTECTION:

☐ Disposable clothing protection
☐ Reusable Lab Coat
☐ Reusable Coverall
☐ Other (specify): _____

How will protective clothing be cleaned once dirty or contaminated? (Check all that apply)

☐ Autoclaved prior to laundering or disposal
☐ Laundered with qualified commercial service
☐ Laundered in on-site facilities with bleach
☐ Other (specify): _____

Outline procedures for routine decontamination of work surfaces, instruments, equipment, glassware and liquid containing infectious materials (Autoclaving or fresh 10% bleach as a chemical disinfectant are preferred treatments; please specify and justify exceptions):

If more space is needed, you may attach a Word document. Please indicate "see attached" and list the file name in the space below.

Describe waste disposal methods employed for all biological and recombinant materials used. (Please include methods involving the following types of waste)**

Sharps:

Cultures, stocks, and disposable labware:

Biohazardous Waste:

Other:

**** For more information, please reference the Biological Safety Manual (click to view).**

Indicate autoclave location(s) used for waste disposal and describe autoclave validation procedures:

Will you be using a biological safety cabinet? *(choose one)* ☐ Yes ☐ No

If yes, please provide the following information:

SERIAL #	FAMA #	DATE OF LAST CERTIFICATION	LOCATION OF UNIT (Bldg./room)	MAKE/MODEL

Indicate if any of the following aerosol-producing procedures will occur:

☐ Centrifuging ☐ Grinding ☐ Blending ☐ Vigorous shaking or mixing ☐ Sonic disruption

☐ Pipetting ☐ Dissection ☐ Stomacher ☐ Inoculating animals intranasally

Other (please describe):

Describe the procedures/equipment that will be used to prevent personnel exposure during aerosol-producing procedures:

EMERGENCY PROCEDURES

In the event of personnel exposure (e.g. mucous membrane exposure or parenteral inoculation), describe what steps will be taken including treatment, notification of proper supervisory and administrative officials, and medical follow up evaluation or treatment.

In the event of **environmental** contamination, describe what steps will be taken including a spill response plan incorporating necessary personal protective equipment (PPE) and decontamination procedures.
If more space is needed, you may attach a Word document. Please indicate "see attached" and list the file name in the space below.

TRANSPORTATION/SHIPMENT OF BIOLOGICAL MATERIALS

As per the Department of Transportation **49 CFR Parts 171-173** (5), some biological materials are regulated as hazardous materials and require special training of all personnel involved in shipping.
Will you be transporting or shipping any of the following off campus? *(Yes* ***or*** *No)*

☐ Yes ☐ No

If yes, check all that apply.

☐ Cultures of human or animal pathogens

☐ Environmental samples known or suspected to contain a human or animal pathogen

☐ Human or animal material (including excreta, secreta, blood and its components, tissue or tissue fluids, and cell lines) containing or suspected of containing a human or animal pathogen

Have you or anyone in your lab involved in packaging, labeling, or completing/signing paper work received training to ship infectious substances or diagnostic specimens within the past three years?

☐ Yes

☐ No

If yes, please provide the following information.

Name	Date Trained	Certified Shipping Trainer

REFERENCES (click to view)

1. Office of Research Compliance
2. Biosafety in Microbiological and Biomedical Laboratories (BMBL) - 6th ed. CDC and NIH
3. NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules (April 2019)
4. University of Arkansas Office of Environmental Health and Safety
5. Department of Transportation - Hazardous Materials: Standards for Infectious Substances