

Potentially Hazardous Biological Agents Form (6A)

Required for all research involving microorganisms, rDNA and fresh tissue, blood and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name _____

Title of Project _____

To be completed by Student Researcher in collaboration with Qualified Scientist/Designated Supervisor:

(All questions are applicable and must be answered; additional page(s) may be attached.)

- 1) Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.
- 2) Describe the site of experimentation including the level of biological containment.
- 3) Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
- 4) Describe the procedures that will be used to minimize risk. (personal protective equip., hood type, etc.)
- 5) What final biosafety level do you recommend for this project given the risk assessment you conducted?

To be completed by Qualified Scientist or Designated Supervisor

- 1) What training did the student receive for this project?
- 2) Do you concur with the biosafety information and recommendation provided by the student researcher above? Yes No
If no, please explain.

QS/DS Printed Name

Signature

Date of Signature

To be completed by SRC prior to experimentation:

- The SRC has carefully studied this project's Research Plan and the risk level assessment above and approves this study as a BSL-1 study, which must be conducted at a BSL-1 or above laboratory.
- The SRC has carefully studied this project's Research Plan and the risk level assessment above and approves this study as a BSL-2 study, which must be conducted at a BSL-2 or above laboratory.

SRC Chair's Printed Name

Signature

Date of Approval

To be completed by SRC after experimentation with Institutional pre-approval:

- This project was reviewed and approved by the appropriate institutional board (e.g. IACUC, IBC) before experimentation at a BSL-1 or BSL-2 laboratory and complies with the ISEF rules. The required institutional forms are attached.

SRC Chair's Printed Name

Signature

Date of Approval