University of Rochester Institutional Biosafety Committee

# *Grant or Project Registration Form*

Form

### G

Principal Investigator: Dept: Phone:

Co-Principal Investigator: Dept: Phone:

Technician or Alternate Contact: Dept: Phone:

Project or Grant Title:

Box #: 703 Award #: Grant Registration #:

* Declaration of Confidentiality:

***Other than HIPAA restrictions, are any of the declared experiments subject to a confidentiality agreement with the sponsor?*** [ ]  ***no*** [ ]  ***yes***

The Institutional Biosafety Committee’s meeting minutes may be made public upon request. Answering this question helps protect proprietary information.

* Summary of Experiments:

***Question A. The purpose of the section is to give the IBC a clear understanding of how the declared agent(s) will be used experimentally. Please include all research experiments the Principal Investigator is directing, even if some or all of the experiments will be performed in another laboratory.***

1. *Provide a brief summary paragraph stating the goals of your studies. DO NOT cut and paste your entire grant, UCAR or RSRB abstract.*
2. *List the in vitro and in vivo experiments done with each agent (i.e. bacteria, fungi, viruses, viral vectors, cells, recombinant or synthetic nucleic acids, and if used in vertebrate or invertebrate animals, including Drosophila). Failure to provide information summarizing how each agent will be used in both in vitro and in vivo studies will result in a SIGNIFICANT delay in your approval.*
* Declaration of Pathogens:

Question B.1. Will this grant or project involve the use of any NON-VIRAL mammalian or plant pathogens including non-recombinant and recombinant pathogens? [List any plasmids used to construct non-viral pathogens under Question E. Also use Question E for nonpathogenic species such as E. coli cloning strains and Saccharomyces cerevisiae.]

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question C.1.*** |
|  | Yes | If yes, complete Table B.1.a. Expand the table as necessary. Use [University Specific Guidelines](http://www.safety.rochester.edu/ibc/SAResource.html)  or contact the Biosafety Officer at 275-3014. |

***Table B.1.a.***

|  |  |
| --- | --- |
| **List pathogens (Genus, species, strain)** | **Biosafety level** |
|  |  |
|  |  |
|  |  |

***Question C.1. Will this grant or project involve the use of any VIRAL mammalian or plant pathogens including non-recombinant and recombinant pathogens or VIRAL VECTORS (packaged infectious virions used to deliver or transport desired inserts to cells for the purposes of insert expression)?***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question D.1.*** |
|  | Yes | ***If yes, complete Table C.1.a. Expand tables as necessary.*** ***VIRAL VECTORS******\* Submit your Mammalian Viral Vector Registration for each viral vector system declared below.*** [*Viral Vector Registration*](http://www.safety.rochester.edu/ibc/ibcmainmenu.html) *Contact the* *IBC Program Coordinator* *if you have questions about your Mammalian Viral Vector Registration(s).* [*University Specific Guidelines*](http://www.safety.rochester.edu/ibc/extendedhelp.html) ***\* If you are building new plasmids that will be used to develop infectious virions, then you must also answer Questions E.1 through E.3 and complete Tables E.3.a and E.3.b relative to those constructs (not required if you are purchasing vectors or obtaining them from collaborators – ensure to include vector source on VV form).***  |

Table C.1.a. List the virus(es) or vector system(s) proposed for use in these experiments and provide the corresponding information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List virus(es) or** **viral vector system(s)** | **If recombinant virus, what does your insert encode?** **(e.g. name of gene product or nature of regulatory region)** | **If applicable, list corresponding viral vector registration number (only for viral vectors)** | **List cells transduced or infected with virus or viral vector or write “NONE”. These cells should be described in Question D.**For viral vectors, include:1. Packaging cells2. E. coli strains to generate plasmids | **List biosafety level(s) for packaging, propagation, and infection.** | **Replication- competent? (yes/no)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* Declaration of Eukaryotic Materials:

Question D.1. Will this grant or project involve the use of eukaryotic cells or fluids, eukaryotic cell lines, or eukaryotic unfixed tissues? (Use this section to declare human fluids such as blood and sera.)

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question E.1.*** |
|  | Yes | If yes, complete Table D.1.a. Expand the table as necessary. Use [University Specific Guidelines](http://www.safety.rochester.edu/ibc/SAResource.html)  or contact the Biosafety Officer at 275-3014. |

Table D.1.a. Eukaryotic cells or fluids, eukaryotic cell lines, or eukaryotic unfixed tissues description

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **List cells, fluids, tissues, cell lines** | **Organism of origin** | **From whom or where did you obtain these cells, fluids, or tissues** | **If you are using cells, fluids, or tissues from vertebrate animals, provide corresponding UCAR # or write “NA”** | **If KNOWN to harbor pathogens, specify the pathogen or write “UNKNOWN”** | **If using human materials, indicate patient population from which materials are derived or write “UNKNOWN”. Also add RSRB # if known.** | **Biosafety level** |
|  |  |  |  |  |  |  |
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* Declaration of Nucleic Acids:

***Question E.1. Will this grant or project involve the use of recombinant or synthetic nucleic acid molecules? (Do not list oligonucleotides.)***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question F.1.*** |
|  | Yes | ***If yes, describe your recombinant and synthetic nucleic acids by answering questions E.2 – E.3 and by completing Table E.3.a and Table E.3.b. Expand tables as necessary.**** *Use* [*NIH Guidelines Section I-B*](http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc351276218)  *as reference*
* *If you are creating transgenic animals, using recombinant DNA, then declare the construct under this question and complete Question I.*
* *List under Question C any infectious Mammalian Viral Vectors that are already packaged and that will be used as part of these experiments.*

***If you are building new plasmids that will be used to develop a viral vector, then you must answer Question E.1 – E.3 and complete Table E.3.a and Table E.3.b. relative to those plasmids (not required if you are purchasing vectors or obtaining them from collaborators – ensure to include vector source on VV form).*** |

***Question E.2. What is the nature of the inserts? Check all that apply. IBC approval is required before initiation of studies involving constructs having these inserts.***

|  |  |
| --- | --- |
|  | ***Insert contains full-length genes for toxins*** |
|  | ***Insert contains full-length genes for drug resistance that, if expressed in disease agents of humans, animals, or plants, could compromise control of infection by those agents. (This does NOT refer to drug resistance markers used for selection during routine cloning, e.g. ampicillin.)*** |
|  | ***Insert contains genetic material from a BSL-2 (or higher) MICROORGANISM (e.g. pathogenic bacteria, viruses, fungi, etc).*** |
|  | ***Not applicable: None of the above categories describe the inserts proposed for use in these studies.*** |

***Question E.3. Describe all the recombinant and synthetic nucleic acid constructs used in these studies by completing Tables E.3.a and E.3.b. Expand tables as necessary.***

***Table E.3.a. Insert Description***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Insert number**  | **What does your insert encode?** **(e.g. name/gene ID and description of gene product or nature of regulatory region)** | **List DNA type****(e.g. genomic, cDNA, antisense, shRNA, siRNA, sgRNA for CRISPR, etc.)** | **List organism or species of origin (or species homology for sgRNA)** | **Does the insert / gene contain its original promoter?** **(Yes, no, unknown)** | **Will you INTENTIONALLY express the product of the insert?** **(Yes, no)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

***Table E.3.b. Vector and Host Information. Correlate insert number from Table E.3.a. to information requested below.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Insert number from E.3.a.****(Use this column to match your insert(s) with its vector(s))** | **List vector name(s) and describe** | * 1. **List all bacterial and/or fungal agents in which this construct will be placed. Provide specific strain.**
	2. **List potential adverse effects of expression (e.g. pathogenic conversion, toxin, etc).**
	3. **If no bacterial and/or fungal agents are used, write “NONE”.**
	4. **Be sure to organize this information so it is CLEAR which construct you are referring to.**
 | 1. **List all eukaryotic cells (or cell lines) in which this construct will be placed. These cells should be described in Question D.**
2. **List potential adverse effects of expression.**
3. **If no eukaryotic cells are used, write “NONE”.**
4. **Be sure to organize this information so it is CLEAR which construct you are referring to.**
 |
| Example: 1-4 | pUC | *E. coli* DH5-alpha (K-12) | Any of the cell lines listed in Table D.1.a. |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

* Declaration of Select Agents or Botox®:

***Question F.1. Will the grant or project involve the use of SELECT AGENTS or BOTOX®? (Select Agents are highly regulated pathogens, toxins or specific genetic elements and recombinant or synthetic nucleic acids that have the potential to be used as biowarfare agents.)*** [www.selectagents.gov](http://www.selectagents.gov)

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question G.1.*** |
|  | Yes | ***If yes, describe briefly in the text box below.*** *Use*[*University Specific Guidelines*](http://www.safety.rochester.edu/ibc/SAResource.html) *or contact the Biosafety Officer at 275-3014.* |

|  |  |
| --- | --- |
| *Description* |  |

* Declaration of Gain of Function experiments:

***Question G.1. Per NSABB (National Science Advisory Board for Biosecurity) criteria, will the grant or project generate a pathogen that is either 1) highly transmissible and likely capable of wide and uncontrollable spread in human populations, or 2) highly virulent and likely to cause significant morbidity and/or mortality in humans (i.e. will you be lowering the infectious dose of the pathogen, or will you be increasing the pathogenesis of the pathogen)?***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question H.1.*** |
|  | Yes | ***If yes, describe briefly in the text box below.*** *Use*[*University Specific Guidelines*](http://www.safety.rochester.edu/ibc/SAResource.html), [*NSABB report*](http://osp.od.nih.gov/sites/default/files/NSABB_Final_Report_Recommendations_Evaluation_Oversight_Proposed_Gain_of_Function_Research.pdf)*, or contact the Biosafety Officer at 275-3014.* |

|  |  |
| --- | --- |
| *Description* |  |

* Large Scale Experiments:

## *Question H.1. Will any of the experiments covered by this registration ever involve more than 10 liters of culture at any one time?*

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question I.1.*** |
|  | Yes | ***If yes, describe briefly in the text box below.*** *Use*[*NIH Guidelines*](http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc351276242) *or contact the Biosafety Officer at 275-3014.* |

|  |  |
| --- | --- |
| *Description* |  |

* Experiments Involving Live Animals:

*Question I.1. Will this project or grant involve the administration of any biological, declared above, to LIVE animals (e.g. vertebrates, invertebrates)?*

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question J.1.*** |
|  | Yes | ***If yes, complete Questions I.1 – I.4 (and the associated tables) relative to the biologicals declared above AND which will be administered to LIVE animals. Expand tables as necessary.*** *Generation of transgenic animals should be declared and described under Question J.1 and J.2.* |

***Table I.1.a.***

|  |  |  |
| --- | --- | --- |
| **List animal species (one per line) or strain(s)** | **Is this species transgenic? (Yes or No)** | **List corresponding UCAR number or write “NONE” if no UCAR is required.** |
|  |  |  |
|  |  |  |

***Table I.1.b. Cut and paste this table for each species or strain to ensure clarity when using multiple agents in multiple species or strains.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **List agent administered to animals****For cells, indicate if modified (transfected or transduced).** | **What is the number of doses?** | **What is the concentration of dose?** | **Describe administration method and potential risk to experimenter (e.g. needlestick risk). Indicate Biosafety Level (ABSL1, ABSL2)** | **List type of animal housing necessary (ABSL1, ABSL2)** |
|  |  |  |  |  |
|  |  |  |  |  |

Note: Mammalian cells do not require IBC approval unless they are transfected, transduced, contain human pathogens, or are of human or non-human primate origin.

***Question I.2. Will you be collecting tissues, cells, or fluids from these animals?***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question I.3.*** |
|  | Yes | ***If yes, complete Table I.2. Expand table as necessary.*** |

***Table I.2.a. Expand table as necessary.***

|  |  |  |  |
| --- | --- | --- | --- |
| **List animal species or strain** | **List the potentially hazardous agents that were administered** | **List fluids, cells, or tissues collected** | **If the collected cells, tissues or fluids are KNOWN to harbor pathogens or toxins, specify the pathogens or toxins or write “UNKNOWN”** |
|  |  |  |  |
|  |  |  |  |

***Question I.3. Will the animals produce, secrete, or shed a toxic or infectious agent as a result of these experiments? Note: if you are using transgenic animals, you must also consider whether the animal is more susceptible to the agent making the agent more likely to be shed.***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question I.4.*** |
|  | Yes | ***If yes, complete Table I.3.a describing how your biological may be transmitted to humans or to other animals.****Please remember that the biological(s) (e.g. replication-defective virus, cell lines, human cells) administered to your animals may carry pathogens that could cause an infection, which could then be transmitted to humans or perhaps other animals.* |

***Table I.3.a.***

|  |  |
| --- | --- |
|  | **Transmission potential. Check all that apply.** |
| **List agent likely produced or shed** | **Transmission from animal to animal? (Please be aware that some agents may be harmless to humans but could be pathogenic in animals and damaging to our animal colony.)** | **Transmission from animal to humans?** | **Environmental transmission (to feral populations)?** | **Transmission via urine?** | **Transmission via feces?** | **Transmission via saliva?** | **Transmission via natural vector? *Specify vector:*** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

***Question I.4. Are there any mitigating factors that may modify (raise or lower) the biological containment level for these experiments?***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question J.1.*** |
|  | Yes | ***If yes, describe briefly in text box below.*** |

|  |  |
| --- | --- |
| *Description* |  |

* Transgenic Animal Generation:

***Question J.1. Will you be generating transgenic animals through recombinant or synthetic nucleic acid technology? (e.g. mice, Drosophila, C. elegans, or other members of the Kingdom Animalia)***

|  |  |  |
| --- | --- | --- |
|  | No | ***Proceed to Question J.2.*** |
|  | Yes | ***If yes, complete Table J.1.a. If the construct will be generated in the lab, then Question E and its subparts must also be completed.****Examples of recombinant or synthetic nucleic acid technology include (1) Direct microinjection of a chosen gene construct from another member of the same species or a different species into the pronucleus of a fertilized ovum; (2) Insertion of the desired DNA sequence by homologous recombination into an in vitro culture of embryonic stems and cells; (3) Use of a plasmid or virus to transfer the genetic material into germ cells; (4) Gene ablation if recombinant techniques are used to knock out the gene.**Use* [*NIH FAQs for Transgenic Animals*](http://osp.od.nih.gov/office-biotechnology-activities/biosafety/biosafety-guidance/faq) *and* [*NIH Guidelines*](http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc351276240) *as references.*  |

|  |  |
| --- | --- |
| *Construct description* |  |

***Table J.1.a.***

|  |  |
| --- | --- |
|  | **Constructs** |
| **List corresponding UCAR number or write “NONE” if no UCAR is required.** |  |
| **If the inserted genetic material is from a Risk Group 2 (or higher) microorganism, list the organism or write “NONE”.** |  |
| **If inserted genetic material is from a virus, how much of the total viral genome will be inserted. Write “less than ½” or “greater than ½” or write “None”.** |  |
| **If inserted genetic material encodes for a functional toxin or a fraction of a toxin gene, list the toxin and percentage of toxin gene or write “NONE”.** |  |
| **Will animals secrete or shed a toxic or infectious agent? List infectious agent or toxin or write “NONE”.** |  |
| **List route of secretion or shedding (e.g. urine, saliva, feces) or write “NONE”.** |  |
| **Will the animals that are generated have an increased propensity for infections with pathogens, either human or animal? Write “Yes” and explain or write “No”.** |  |
| **Does the technique used result in the creation of a gene drive or selfish genetic element (i.e. a higher chance of a gene being inherited than by Mendelian genetics)? Write “Yes” and explain or write “No”.** |  |

***Question J.2. Will you be interbreeding or cross breeding transgenic animals (those originally created using recombinant or synthetic nucleic acid technology) AND which are genetically different from each other? This question also covers backcrossing transgenic animals with wild type.***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question K.1.*** |
|  | Yes | ***If yes, answer Question J.2.a. For non-rodent animals and for rodents which are NOT EXEMPT from the NIH Guidelines (determined in Question J.2.a.), complete Questions J.3 through J.7 relative to the progeny.*** *Use* [*NIH FAQs for Transgenic Animals*](http://osp.od.nih.gov/sites/default/files/Animals_NA_0.pdf) *and the* [*NIH Guidelines*](http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc351276247) *as reference.*  |

***Question J.2.a. Check any of the following that apply to your proposed RODENT crossing(s). All NON-RODENT crossings must be described in Table J.2.a***

|  |  |
| --- | --- |
|  | ***One or both parental rodent strains must be housed at ABSL2 or above (see NIH Guidelines section III-D-4). If yes, describe these crossings in Table J.2.a below. Use one table for each crossing, copy/paste more tables as needed. Complete Questions J.3 through J.7 relative to the progeny.*** |
|  | ***The parental and/or progeny rodent strains contain more than one half of the genome of an exogenous eukaryotic virus from a single family of viruses. If yes, describe these crossings in Table J.2.a below. Use one table for each crossing, copy/paste more tables as needed. Complete Questions J.3 through J.7 relative to the progeny.*** |
|  | ***Either of the parental transgenic rodent strains of a particular cross contains a transgene that is under the control of a gammaretroviral long terminal repeat (e.g. LTR from Moloney Murine Leukemia Virus). If yes, describe these crossings in Table J.2.a below. Use one table for each crossing, copy/paste more tables as needed Complete Questions J.3 through J.7 relative to the progeny.*** |
|  | ***None of the above – This RODENT crossing is exempt from the NIH guidelines. Skip to Question K.1.*** |

***Table J.2.a. Describe the existing genetics of each parental transgenic animal by completing the appropriate tables. Cut and paste this table to describe more than one cross.***

|  |  |  |
| --- | --- | --- |
|  | Parent 1 | **Parent 2** |
| **Specify species & strain(s)** e.g. BALBc mouse; *Drosophila melanogaster; C. elegans*  |  |  |
| **What does your insert encode** (e.g. name of gene product or nature of regulatory region)**?** **Write NA if not applicable.** |  |  |
| **What was deleted** (e.g. name of gene product or nature of regulatory region)**?** **Write NA if not applicable.** |  |  |
| **Specify source of inserted sequence** (e.g. mouse, human, etc.) |  |  |
| **Specify any potentially hazardous agent that may be encoded in INSERTED sequence** (e.g. toxin, pathogens, oncogene)**.**  **Write NA if not applicable.** |  |  |
| If the genome of an exogenous eukaryotic virus (from a single family of viruses) has been incorporated into either parent, **what is the percentage of the viral genome and what is the virus? Write NA if not applicable.** |  |  |
| **List corresponding UCAR number or write “NONE” if no UCAR is required.** |  |

***Question J.3. Will the progeny likely be selectively vulnerable to specific pathogens? (e.g. Consider pathogens that may be present in their immediate environment or that you may administer to these animals which may be transmissible to humans or to other animals.)***

|  |  |  |
| --- | --- | --- |
|  | ***No*** |  |
|  | ***Yes*** | ***Explain briefly in this box.*** |

***Question J.4. Will the progeny likely have a survival advantage that could be genetically transmitted to feral populations? (e.g. If the animal escapes, how likely will it die fairly quickly or how likely is it to reproduce with feral animals to produce viable offspring?)***

|  |  |  |
| --- | --- | --- |
|  | ***No*** |  |
|  | ***Yes*** | ***Explain briefly in this box.*** |

***Question J.5. Will the progeny likely shed a pathogen that is transmissible to humans or a toxin that may affect humans?***

|  |  |  |
| --- | --- | --- |
|  | ***No*** |  |
|  | ***Yes*** | ***Explain briefly in this box. Be sure to list the pathogen or toxin and how the agent may be shed from the animal.*** |

***Question J.6. Will the resultant progeny result in the expression of transgenes or the disregulation of endogenous gene-products?***

|  |  |  |
| --- | --- | --- |
|  | ***No*** |  |
|  | ***Yes*** | ***Explain briefly in this box.*** |

***Question J.7. Will the resultant progeny contain ½ or less of exogenous viral genome from a single family of viruses?***

|  |  |  |
| --- | --- | --- |
|  | ***No*** |  |
|  | ***Yes*** | ***Explain briefly in this box (i.e. percentage of virus and virus).*** |

* Flow Cytometric Experiments:

***Question K.1. Will this grant or project involve flow cytometry, either for high speed sorting or analysis of cells?***

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question L.1.*** |
|  | Yes | ***If yes, describe under Table K.1.a and Table K.1.b as applicable.*** *Use*[*University Specific Guidelines*](http://www.safety.rochester.edu/ibc/SAResource.html)  *or contact the Biosafety Officer at 275-3014.* |

***Table K.1.a. High Speed Sorting***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List the Cell Type** | **List organism or species of origin** | **List fixative and concentration or write “NONE” if not fixed** | **Are there known human pathogens in sample? Write “YES” or “NO”.** | **List instrument name** **(e.g. FACSAria)** | **List location of instrument** **(e.g. URMC Flow Core)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Table K.1.b. Analytical Flow Cytometry***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List the Cell Type** | **List organism or species of origin** | **List fixative and concentration or write “NONE” if not fixed** | **Are there known human pathogens in sample? Write “YES” or “NO”.** | **List instrument name** **(e.g. LSRII)** | **List location of instrument** **(e.g. URMC Flow Core)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* Facilities and Personnel:

***Question L.1. Will any portion of this grant or project take place in other UR research labs that are not controlled by the listed Principal Investigator(s) or Co-Principal Investigator(s)?*** *Please include core labs (not required for the Confocal and Conventional Microscopy Core or URMC Flow Core).*

|  |  |  |
| --- | --- | --- |
|  | No | ***Skip to Question L.2.*** |
|  | Yes | ***If yes, list the names of the Principal Investigators responsible for the labs and briefly describe the activities performed by each group relative to the declared agents in the text box below.****Note: Program projects frequently involve vastly different experiments for each investigator involved. Therefore each Principal Investigator should submit their own Grant / Project Registration representing their portion of the research. If you are registering a program project, list the other Principal Investigators and Co-Principal Investigators; and note “Program Project” under “Activity”. Questions should be directed to the IBC Program Coordinator.* |
| **Principal Investigator** | **Activity (brief description – 1-2 sentences)** |
|  |  |
|  |  |

***Question L.2. List full name of lab personnel involved in the experiments declared through this registration document, including all Principal Investigators and Co-Principal Investigators.***

***Principal Investigator Affirmation:***

By signing below, I certify that I have read the following statements and agree that all the listed participants and I will abide by them.

1. All research involving biologicals performed in my laboratory will comply with the University’s requirements for the applicable biosafety level.
2. All personnel have completed the University’s Laboratory Safety Training Program. **Required annually.**
3. All personnel have received training regarding my laboratory and agent specific guidelines **prior to working at the bench.** All individuals handling BSL2 (or higher) materials have demonstrated competency prior to working with such materials. The lab’s training is documented including date of training, summary of training, signature of trainee, initials or signature of trainer. Safety information is available in the laboratory for referral or upon request by the Biosafety Officer.
4. All exposures, accidents and illnesses relative to the agents declared through this registration document will be reported to the IBC immediately.
5. All employee injuries and/or exposures are reported to the University through the University’s Employee Incident Report Form. <http://www.safety.rochester.edu/SMH115.html>

6. The Principal Investigator is responsible for rapidly communicating new information or data to the IBC if that new information or data should reveal or strongly suggest that the anticipated safety or biohazard potential of the approved experiments or vector systems diverge significantly from what was originally anticipated. (For example, it may be determined that a replication-incompetent viral vector system in fact contains substantial levels of a replication-competent revertant virus, with the potential for human infection of transmission.)

Principal Investigator: / Date:

 **Signature Print**

**If applicable:**

Secondary PI: / Date:

 **Signature Print**

**Please submit this form electronically as a Word e-mail attachment to the IBC Program Coordinator** **ddouglass@safety.rochester.edu****. Also submit a copy of the signature page (last page) by fax (274-0001), e-mail, or mail (RC Box 278878).**

Revision Date: 12/14/16