***Registration Number:***

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# Registration Document for work with material (potentially) infectious for humans, plants or other animals.

For purposes of this registration, a pathogen is defined as any microorganism known to cause or suspected of causing infection to humans. The PI is responsible for completing this registration and obtaining approval from the IBC before commencing work.

**Section I-** Basic information: to be completed for *all* projects. For each proposed activity/organism you must complete a separate registration document.

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| Project Title: |
| Principal Investigator: |
| Department: |
| Phone Number: Fax: |
| Email: |
| Building and room numbers to be used: |
| Proposed start date for research: |
| Biosafety Level 1 □ 2 □\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Your signature below indicates that you acknowledge all requirements and restrictions of the most current NIH *Guidelines* for the biosafety level you have indicated, unless modified by the IBC, that you accept responsibility for the safe conduct of the experiments conducted at this biosafety level and that you have informed all associated personnel of the conditions required for this work. It is the Principal Investigator's responsibility to follow the NIH *Guidelines* and notify EHS and the IBC of any adverse events, including research-related accidents and illnesses. The Principal Investigator certifies that the work description is accurate. Any work performed that is not approved under this permit may be subject to the loss of grant funds and termination of activities. This registration must be updated every three years. PI accepts responsibility for the safe conduct of work with this organism at indicated Biosafety Level and has informed and trained all personnel who may be at risk of potential exposure to the organism of this work.PI (sign)/Date: Dept. chair(sign)/Date: |

**Section II**- Details of work. Provide complete information for each microorganism to use in your work. Use additional sheets if necessary.

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| 1. Organism(s) □ Specific Strains/Cell lines □

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| 1. Is antibiotic resistance expressed? Yes □ No □
2. Largest Volume of organisms cultured less than 0.5L □ greater than 0.5 L □
3. Is a toxin produced? Yes □ No □ Work with toxin? Yes □ No □
4. Do you concentrate the organism? Yes □ No □

If yes, specify method Centrifugation □ precipitation □ filtration □ other □1. Is organism inactivated prior to other laboratory manipulations? Yes □ No □

If yes, specify method heat □ chemical □ radiation □ other □1. Is the organism injected into animals? Yes □ No □ If yes, specify animals and IACUC approval No. and Date
2. Containment equipment available: Biological Safety Cabinet □ chemical fume hood □ Other □
 |
| To be completed only if use of human blood, tissues, or fluids (including human cell lines) *Note new guidelines regarding specific tissues and COVID-19 safety. See “Working with Clinical Samples and COVID19” on IBC webpage.*Human samples manipulated:blood □ urine □ feces □ serum □ spinal fluid □ semen □ unfixed tissues □ cell lines □Manipulation (select all that apply): Centrifugation □ sonication □ blending/mixing □ pipetting □ dissection □ Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Attach any relevant permits to your application (e.g. CT-DPH). After IBC approval you may need an MTA for your materials. Please contact our director of SPAR for details on MTA.**
2. List below all personnel (including students) who will be working on this project.
3. Have all personnel involved in this project been trained to the appropriate biosafety level? **(attach screen shot for each training and each person)**

 Yes □ No □ |

**Section III**- Risks and safety: to be completed for covered (non-exempt) projects only

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| List the potential risks associated with the research and the safety precautions utilized to address those risks: |
| Potential Risks:Safety Precautions:Propper PPE |

**Section IV:** An abstract of the research and objectives in layman’s terms **must** also be submitted on a separate page. Some plans may require an additional form, “**Registration Document for Recombinant/Synthetic DNA Experiments**,” to also be filed.

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| Below to be completed by IBC Chair/EHS |
| The laboratory was certified at BL\_\_\_\_\_\_\_\_\_\_ on\_\_\_\_\_\_\_\_\_\_\_\_by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Registration approved on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |