Institutional Biosafety Committee

BIOSAFETY clearance FORM
(SBBU/IBC/Registration_v1)

Please follow all instructions. Use additional paper when necessary. Complete and signed forms should be submitted to Biosafety Officer (BSO), SBBU

For official use only:	
IBC application no:	
Ethical approval no:	
Approval date:	
Expiration date:	
Signature and stamp:	

1. Applicant (Principal Investigator/ Student/ Supervisor)		
(1) Name, Degree(s)	(2) Job Role	(3) If student then degree program (e.g. M. Phil/ PhD)
(4) Department	(5) Phone:	
(6) Interoffice Address:	(7) e-mail address	

b. LIST ***ALL OTHER PERSONNEL*** DIRECTLY INVOLVED IN THIS PROJECT

NAME	PROJECT POSITION(S)	EMAIL ADDRESS	PHONE
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

2. RESEARCH PROJECT		
a. Applying for (check only one)		
New protocol registration ☐	Extension ☐	Modification ☐
b. FUNDING SOURCE (check only one)		
Departmental funds ☐	External funds ☐	Funding to be applied ☐
c. PROJECT TITLE		
d. RESEARCH INVOLVES (check all that apply)		
In vitro work ☐	Whole animals ☐	Human subjects ☐
e. SPECIFIC AIMS/OBJECTIVES OF THE RESEARCH PROJECT:		
f. ABSTRACT OF THE PROJECT: (in lay terms and not exceeding 250 words)		

g. **EXPERIMENTAL PROCEDURES** (Briefly describe in lay terms the methodologies employed in the proposed research relevant to biosafety)

h. NAMES OF MICROORGANISMS USED (VIRUSES, BACTERIA, etc.)

Strain	Characteristic (e.g. pathogenic)	Procedure (e.g. culture)	Treatment	Procedure location	Hazard to humans (yes/no)

i. NAMES OF STRAINS OF EXPERIMENTAL ANIMALS USED

Animal strain	Characteristic (transgene, immunodeficient)	Procedure (e.g. IV, oral)	Drug/ chemical/ exposure	Procedure location	Hazard to human (yes/no)

j. TYPES OF HUMAN PARTICIPANTS USED (Briefly describe if participants in your research are healthy, sick, young or old, immunocompetent or immunodeficient)

Participant group (e.g. experimental, control)	Characteristic (e.g. immunodeficient)	Procedure (e.g. IV, oral)	Drug/ chemical/ exposure	Procedure location	Hazard to participant (yes/no)

k. TYPES OF HUMAN TISSUE USED (Briefly describe if archived samples are used e.g. Paraffin embedded tissues)

Sample type	Characteristic (e.g. Potentially hazardous)	Procedure (e.g. DNA extraction)	Further treatment (e.g. PCR amplification)	Procedure location	Hazard to human (yes/no)

l. TYPES OF RADIATION EXPOSURE: (Briefly describe if research project involves radiation exposure e.g. X- ray, radio-isotopes)

m. TYPES OF RECOMBINANT MATERIAL USED (Briefly describe the origin of recombinant insert or transgene, and vector. Also describe if these can be of potential hazard to the researcher or environment)

4. SAFETY AND PROTECTION

a. Standard operating procedures (SOP) written and approved by the PI/Supervisor?	Yes ☐	No ☐

b. Which buildings/laboratories will be used in your research? (Research projects with a particular biosafety requirement must be conducted in building/laboratory with required biosafety level)

Laboratory	**Biosafety level available**

5. SHIPPING AND TRANSPORT: (Briefly describe if the biohazardous material will be transported to a local, national or international laboratory. Describe what measures will be undertaken to ensure safe transport)

6. TRAINING: (Briefly describe if the researchers working on this project have received appropriate biosafety training. If no, a training with biosafety office must be arranged before start of the project)

Name of researcher	**Biosafety level required**	**Training done:**	Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐
			Yes ☐	No ☐

6. OCCUPATIONAL HEALTH REQUIREMENTS:

i. Are there any special groups of workers at risk of infection or disease from the use of the biohazard(s)/ hazardous drug(s) (e.g. pregnant, immuno-compromised, allergic, etc.)? If yes, describe below.	Yes ☐	No ☐

ii. Are any special immunizations necessary for personnel involved in the research (e.g. Hepatitis B, Tetanus/Tdap, etc.)? If yes, describe below:	Yes ☐	No ☐
Is there a need to monitor the health of personnel involved (e.g. testing)? If yes, describe below:	Yes ☐	No ☐

6. ASSURANCE:

a. PRINCIPAL INVESTIGATOR/ STUDENT/SUPERVISOR	INTIALS
I certify the information provided in the SBBU IBC registration form is complete and accurate and understand my responsibilities as noted in it.	
No changes will be made without advance approval form the SBBU Institutional Biosafety committee.	
I acknowledge my responsibility for the safe conduct of this research in accordance with SBBU IBC guidelines	
Involving Recombinant DNA Molecules. I will inform all associated personnel of the nature and risks of this work, as well as necessary precautions and safe practices.	
I also agree to comply with the requirements for the shipment and transfer of recombinant DNA materials.	
I further acknowledge my responsibility to ensure compliance with the following:	
(1) Work surfaces will be appropriately decontaminated at least daily and immediately after working with biohazardous materials.	
(2) All personnel involved will wash thoroughly with soap and water. Clothing will be changed as needed.	
(3) All contaminated materials will be discarded appropriately according to SBBU IBC guidelines (e.g. as Biohazard waste, as Hazardous drug waste, as Chemotherapeutic waste).	
(4) BSO (SBBU IBC) will be immediately notified of all spill or incidents occurred at biosafety level 2 and up laboratories.	
(5) In the event of an incident where there is a risk of infection or other consequences to incident, affected personnel will be counselled to seek appropriated medical attention.	

SIGNATURE:	**Date:**
b. CO- INVESTIGATOR	
I certify that I have reviewed this Biosafety Registration form and that the information provided in it is complete and accurate.	
SIGNATURE OF CO- INVESTIGATOR	**Date:**
SIGNATURE OF CO- INVESTIGATOR	**Date:**
SIGNATURE OF CO- INVESTIGATOR	**Date:**
SIGNATURE OF CO- INVESTIGATOR	**Date:**
c. ENDORCEMENT OF HEAD OF INSTITUTION (not needed for SBBU students/supervisors/PIs who have received ASRB approval)	
In addition to endorsing the PI's certification, if the experiments are supported primarily by department or university funds, I certify that I have reviewed the protocol and it is judged to be of scientific merit.	
SIGNATURE AND STAMP OF THE HEAD OF INSTITUTION	**Date:**

IBC ASSESSMENT FORM
(SBBU/IBC/Assessment_form_v1)

Section	Information is complete and biosafety measures addressed appropriately		Comments
1. Applicant information	Yes ☐	No ☐	
2. Research project	Yes ☐	No ☐	
3. Safety and protection	Yes ☐	No ☐	
4. Shipping and transport	Yes ☐	No ☐	
5. Training	Yes ☐	No ☐	
6. Occupational health requirement	Yes ☐	No ☐	
7. Assurance	Yes ☐	No ☐	
8. Signatures	Yes ☐	No ☐	
9. Amendments:			

Decision	Approved ☐	Approved with amendments ☐	Not approved ☐

Signature and stamp:

Name: _____

Date: _____