FORM **CMP- 4**

RESEARCH COMPLIANCE

DIVISION OF RESEARCH
State University of New York at Binghamton

THE RESEARCH FOUNDATION
The State University of New York

INSTITUTIONAL BIOSAFETY COMMITTEE
REGISTRATION DOCUMENT
RESEARCH INVOLVING RECOMBINANT DNA

Attachment A
IBC # _____

Investigator:	Sponsor of Research:
Campus Address:	Campus Telephone #:
Title:	

This document is:

a. New Research Grant: _____
b. Continuation of Grant: RF# _____
c. Pre/Post Doctoral Fellowship: _____
d. New Document for Grant in Progress: RF# _____
e. Instructional Project: _____
f. Other _____

1. Nature of DNA to be cloned and species of origin:

2. Host-Vector(s) system(s) to be used:

3. The project will be prepared in the following Building(s) and Room(s):

4. Proposed Physical Containment Level (Include citation of relevant sections of NIH Guidelines, May 1986):

5. Proposed Biological Containment Level (Include citation of relevant sections of NIH Guidelines, May 1986):

6. The proposed experiments are covered in the following class(es) according to NIH nomenclature:

Class III-A _____ Class III-B _____ Class III-C _____ Class III-D _____

7. The experiment is Exempt according to current NIH Guidelines: Yes _____ No _____

8. The experiment needs prior approval from the funding Agency: Yes _____ No _____

9. Project Personnel: List name, degrees, relevant training and/or experience:

10. For research at the BL3 and/or BL4 levels, I do _____, do not _____ recommend that a Health surveillance program be carried out for the project.

11. I have consulted the Acting Biosafety Officer regarding my laboratory and I believe that my facilities are in compliance with the current NIH Guidelines for the proposed physical and biological containment levels described above. _____ (check)

12. I have been informed of the IBC's emergency plan covering accidental spills and personnel contamination. _____ (check)

The information that I have supplied on this Registration Document is complete and true to the best of my knowledge.

_____ _____

Signature of Principal Investigator Date

MEMORANDUM OF UNDERSTANDING AND AGREEMENT

Attachment B
IBC # _____

Investigator:	Sponsor of research:
Campus Address:	Campus Telephone:

Project Title:

Please attach Registration Document and Project Description, including an assessment of the levels of Physical and Biological Containment. (NOTE: If this is the Principal Investigator's first Application, it is mandatory that he/she consults with the Biosafety Officer).

1) I agree to accept responsibility for the training of all laboratory personnel involved in the project.

2) I agree to comply with the National Institutes of Health (NIH) requirements pertaining to the shipment and transfer of recombinant DNA materials. I am familiar with and agree to abide by the provisions of the current NIH Guidelines and other specific NIH instructions pertaining to the proposed project. The information submitted with this application is accurate and complete.

_____ _____
Signature of Principal Investigator Date

1) I certify that the Institutional Biosafety Committee (IBC) has reviewed the proposed project involving recombinant DNA experiments on _____, and has found it to be in compliance with the NIH Guidelines and other specific NIH instructions pertaining to the proposed project.

AND/OR

I assure that the IBC has reviewed the proposed project and the plans for the proposed facilities which are under construction or renovation on _____. Recombinant DNA experiments will not occur until the completed facilities have been reviewed by the IBC and a certified MUA has been submitted to NIH.

2) I certify that the IBC will monitor throughout the duration of the project the facilities, procedures, and the training and expertise of the personnel involved in the recombinant DNA activity.

3) The Institution does _____, does not _____ recommend a health surveillance program for his project.

_____ _____
IBC Chairperson Date

_____ _____
Applicable Institutional Official Date

PROJECT DESCRIPTION

Attachment C
IBC # _____

Investigator:

Project Title:

Please provide a description of the proposed project. The description must include information on (i) the original organism(s) used as sources(s) of DNA, (ii) the nature of inserted DNA sequences, and (iii) the host(s) and vector(s) to be used for biological containment. Please provide an initial assessment of the physical and biological containment levels with citation of relevant sections of the "Guidelines for Research Involving Recombinant DNA Molecules" (May, 1986).

ANNUAL REVIEW OF PROJECTS INVOLVING RECOMBINANT DNA MOLECULES

Attachment D
IBC # _____

Investigator:

Department:

Date:

The following project involving the use of recombinant DNA molecules was submitted by you to the Institutional Biosafety Committee (IBC). Please check whether or not this project is active. Note: Any proposed changes affecting the physical and/or biological containment level must be submitted to IBC for review.

IBC #:

Title:

Sponsor:

Laboratory Building and Room #:

Physical Containment Level:

Date Project Approved:

Current Update:

Active: ☐ Yes ☐ No

I have consulted the Office of Environmental Health and Safety, ext. 2211
regarding my laboratory and they have determined that no substantive changes have occurred in the laboratory since the last approval date. (Check)

_____ _____
Signature of Principal Investigator Date

Please sign and return by _____ to:

David Davies
Chair, Institutional Biosafety Committee
Department of Biological Sciences
Biotechnology Building, Room 2402
Binghamton University, P.O. Box 6000
Binghamton, New York 13902-6000
(607) 777-2006

Office use:
Copy sent to Kelley Donoron(BSO) on_____.

REGISTRATION OF RESEARCH INVOLVING BIOHAZARDOUS MATERIALS

Attachment E
IBC # _____

OSEH Reg # _____
Date _____
Biosafety Level _____
Action _____

1. Principal Investigator: _____

   Academic Title: _____

2. Department:

3. Addresses: Office: _____ Lab: _____ Telephone # _____

4. Project Title:

5. Name of biological agent or toxin, or description of infectious or oncogenic material, source of human material: _____

   Specific Strain, Genotype, Catalog Number, or CAS Number:

6. Is agent or material a potential human or animal pathogen or toxin? ☐ Yes ☐ No

   If Yes, ☐ Human ☐ Animal

   If Yes, and if a toxin, is LD_{50} more than 100 nanograms per kilogram body weight? ☐ Yes ☐ No

7. Do you work with quantities greater than 1 liter? ☐ Yes ☐ No

   If Yes, Largest volume

8. Do you inactivate the agent prior to other laboratory manipulations? ☐ Yes ☐ No

   If Yes, Inactivation Method(s) Used: ☐ Heat ☐ Chemical ☐ Radiation ☐ Other

9. Do you concentrate the agent or material? ☐ Yes ☐ No

   If Yes, Method(s): ☐ Centrifuge ☐ Filtration ☐ Precipitation ☐ Other

10. Do you insert this agent or material into animals? ☐ Yes ☐ No

    If Yes, Species: _____

    If Yes, location of animal housing:

11. Biological containment level required: Biosafety Level #:

12. Do you request biological monitoring, serum samples, or medical surveillance? ☐ Yes ☐ No

13. Please list all professional personnel, employees and students involved in the project who will come into contact with these materials:

Name	Mailing Address

14. Please attach a brief overview of the proposed research containing sufficient information to ensure adequate review of the protocol to determine compliance with (i) the State University of New York at Binghamton Biosafety Program, (ii) local, state and federal regulations. Please include information such as:

a) An abstract of the proposed research written in layman's terms.
b) The purpose of the research;
c) An assessment of risks to personnel working with the agent or material;
d) An outline of the procedure and techniques to be employed;
e) Specifically describe the safe practices (including training program), equipment, and facilities that will be used to protect personnel from exposure to the agent or material;
f) Specifically describe methods of inactivation or disposal of the agent or contaminated materials.

15. I accept responsibility for the safe conduct of work with this material. I will inform all personnel of the hazards associated with this work and the level of containment required to perform this research safely.

Principal Investigator _____ Date _____

RETURN TO:
John K. Donovan
Biosafety Officer
Department of Environmental Heath
and Safety, LHSW-110
Binghamton University, P.O. Box 6000
Binghamton, NY 13902-6000
(607) 777-6834

COPY TO: David Davies
Chair, Institutional Biosafety Committee
Department of Biological Sciences
Biotechnology Building, Room 2402
Binghamton University, P.O. Box 6000
Binghamton, New York 13902-6000
(607) 777-2006