

RUTGERS

Rutgers Environmental Health and Safety
Rutgers, The State University of New Jersey • 27 Road 1 • Bldg. 4086
Livingston Campus • Piscataway • New Jersey 08854
732/445-2550 • FAX: 732/445-3109

Field Test of Transgenic Plant

(REHS USE ONLY)

REHS Reg. No.: _____

Biosafety Level: _____

Please type or print clearly.

1. Principal Investigator: _____ Telephone: _____
Title: _____ Campus: _____
Department: _____ Email Address: _____
2. Project title: _____
Entire Project Period: From _____ To _____
Project Site: Building/Farm _____ Room/Field _____
3. Source of DNA: _____
If the source of DNA is a virus, is more than 2/3 of the viral genome used? ___Yes ___No
Is a helper virus used? ___Yes ___No
4. Specify the nature of the inserted DNA sequence: _____

5. Host cells (species and strains): _____

6. Vectors (specific phage or plasmid): _____

7. Do you foresee any toxic or hazardous compounds being produced? ___Yes ___No
If yes, describe: _____
8. What are the scientific and common names of the transgenic plants generated by this experiment? _____

9. Are transgenic seeds, seedlings, or plants obtained from an entity outside Rutgers University? ___Yes ___No
If yes, elaborate: _____
10. Where will transgenic seeds be stored? _____
11. When will transgenic seeds, seedlings or plants be released into the field? _____
12. How will the test plot be labeled to identify it as an area containing transgenic materials? _____

13. How will the transgenic plants be distinguished from surrounding non-transgenic plants? _____

14. Will the plants be permitted to flower? ___Yes ___No
If so, will pollinating insects be excluded from the test site? ___Yes ___No
If yes, how will this be accomplished? _____

15. Will other wildlife (deer, squirrels, rodents, etc.) be excluded from the test site? ___Yes ___No
If yes, how will this be accomplished? _____

16. What precautions will be taken to isolate the transgenic plants from naturally occurring or commercially grown infertile plants in the area? _____

17. Might the transgenic plant transfer genetic material into indigenous plants? ___Yes ___No
18. When will transgenic plants be harvested? _____
19. Describe the termination procedures for this field trial: _____

20. Describe methods used to kill and dispose of transgenic materials: _____

21. What precautions will be taken to eliminate the possibility that transgenic volunteers arise from this field test? _____

22. Please list and attach any additional authorizations or permits (e.g., USDA Courtesy Permit, EPA Experimental Use Permit) required for the implementation of this field test: _____

23. Attach an abstract or summary that describes the methods and goals of this project.
24. Investigator's Assessment of Potential Risk
- a. At what biosafety level is this agent/material regulated? _____
- b. Primary regulatory authority (check all that apply):
- CDC/NIH Guidelines (www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm)
 - OSHA Bloodborne Pathogen Standard (www.osha-slc.gov/OshDoc/Fact_data/FSNO92-46.html)
 - NIH rDNA Guidelines (www4.od.nih.gov/oba/guidelines.html)
 - USDA/APHIS (www.aphis.usda.gov/biotech/)
 - Other, _____
- c. Does the experimental material possess any traits (e.g., antibiotic resistance pattern, route of transmission, concentration) which would elevate the required level of biological containment? _____

25. I acknowledge my responsibility for the safe conduct of this research in accordance with Section IV-B-4 of the NIH Guidelines and 7CFR 330 and 340, Animal and Plant Health Inspection Service, USDA. I will inform all associated personnel of the nature and risks of this work and of necessary precautions and safe practices for this work.
- Principal Investigator Signature: _____ Date: _____

Note:

1. Send the completed form to the following address: REHS, Building 4086, Livingston Campus. If you have questions about this form's applicability or need assistance in completing it, contact REHS at 732/445-2550.
2. If you have more than one research project in which the proposed recombinant DNA research is used, provide such information as (a) the project title and (b) the entire project period.

University Biosafety Committee Action

- A. The University Biological Safety Officer reviewed this registration document and
___ approved it pending ratification by the University Biosafety Committee
___ approved it pending approval by the University Biosafety Committee
___ needs to receive additional information as indicated: _____
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Signed by: _____ Date: _____
University Biological Safety Officer

- B. A copy of the CDC/NIH blue book is enclosed for your information.

Signed by: _____ Date: _____

- C. The University Biological Safety Officer visited the field test on _____ and completed a Transgenic Plant Field Test Audit Form.

- D. The University Biosafety Committee ratified/approved this registration document at biosafety level _____ containment on _____.