

RUTGERS

Rutgers Environmental Health and Safety
Rutgers, The State University of New Jersey • 24 Street 1603 • Bldg. 4127
Livingston Campus • Piscataway • New Jersey 08854-8036
732/445-2550 • FAX: 732/445-3109

Field Test of Transgenic Organism/Product

(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 _____ Room _____
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 compounds being produced? ___Yes ___No
If yes, describe: _____
8. Describe (scientific and common name) the transgenic organism/product generated by this experiment: _____
9. Are transgenic organisms/products obtained from an entity outside Rutgers University? ___Yes
___No If yes, describe: _____
10. When will transgenic organisms/products be released into the field? _____
11. What precautions will be taken to isolate the transgenic organism/product from naturally occurring infertile organism/product in the area? _____

12. Describe the termination procedures for this field trial: _____

13. What precautions will be taken to eliminate the possibility that transgenic progeny arise from this field test: _____

14. 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: _____

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

16. Attach an abstract or summary of this project.
17. 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 OSHA Bloodborne Pathogen Standard ATTC
 NIH rDNA Guidelines USDA/APHIS 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?

- d. At what biosafety level will the proposed work be performed? _____ Has your laboratory been approved by REHS at the appropriate biosafety level? _____
18. I acknowledge my responsibility for the safe conduct of this research in accordance with Section IV-B-5 of the NIH Guidelines. 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 4127, Livingston Campus. Of 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: _____
-

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 laboratory and approved it at biosafety level ____
containment on _____.

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