Field Test of Transgenic Plant

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 plant generated by this experiment: __________________________

9. Are transgenic seeds, seedlings, or plants obtained from an entity outside Rutgers University? ___Yes ___No
   If yes, describe: __________________________

10. When will transgenic seeds, seedlings or plants be released into the field? __________________________

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

12. When will transgenic plants be harvested? __________________________
13. Describe the termination procedures for this field trial: ____________________________________________

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

15. 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: ____________________________________________

16. Describe methods used to kill and dispose of transgenic materials: ____________________________________________

17. Attach an abstract or summary of this project.

18. 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? __________

19. 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 4127, 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: ____________________________

   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 _______.
