

RUTGERS

Rutgers Environmental Health and Safety
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Livingston Campus • Piscataway • New Jersey 08854
732/445-2550 • FAX: 732/445-3109

Registration Document for Recombinant DNA Experiments

(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. Will the recombinant DNA experiment generate transgenic plants? ___Yes ___No
If yes, identify the species/strains: _____
9. Will the recombinant DNA experiment generate transgenic animals? ___Yes ___No
If yes, identify the species/strains: _____
If yes, give University Animal Protocol Approval Number: _____
10. Does the recombinant DNA experiment involve more than 10 liters of culture at a time? ___Yes ___No
11. How will you deal with an accidental spill or releases? _____

12. Describe methods of decontamination/disinfection of the agents and contaminated materials: _____

13. Describe methods of disposal of the agents and contaminated materials: _____

14. Attach a summary of this project.
15. Investigator's Assessment of Potential Risk
- At what biosafety level is this agent/material regulated? _____
 - Primary regulatory authority (check all that apply):
 - CDC/NIH Guidelines (www.cdc.gov/od/ohs/biosfty/bmb14/bmb14toc.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, _____
 - 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? _____

 - At what biosafety level will the proposed work be performed? _____ Has your laboratory been approved by REHS at the appropriate biosafety level? _____
16. 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:

- 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.
- 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 _____.