Field Test of Transgenic Organism/Product

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):
      - 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? 
   d. At what biosafety level will the proposed work be performed? 

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 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: 

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 ____________________.