b. Frequency of manipulations: Daily ( ) Weekly ( ) Other (specify)

c. Types of manipulations: Centrifugation ( ) Sonication ( ) Blending/mixing ( ) Pipetting ( )
   Other (specify) ________________________

5. How will you deal with accidental spills or release?

________________________________________________________________________

6. Describe methods of decontamination/disinfection and disposal of the agents and contaminated materials:

________________________________________________________________________

7. Attach a summary or abstract of this project.

8. I acknowledge my responsibility for the safe conduct of this research. 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, Bldg. 4127, Livingston Campus. If you have
   questions about this form's applicability or need assistance in completing it, contact REHS at (908) 932-2550.

2. If you have more than one research project in which the proposed biohazardous material(s) is used, provide
   below such information as (a) the project title and (b) the entire project period.

________________________________________________________________________

UNIVERSITY BIOSAFETY COMMITTEE ACTION

A. The University Biological Safety Officer visited the laboratory and approved it at the biosafety level ________
   containment on ____________________________.

B. The University Biological Safety Officer reviewed this registration document and
   ( ) approved it provisionally pending approval by the University Biosafety Committee, and/or
   ( ) needs to receive additional information for further review as indicated: ____________________________

Signed by: ______________________________________ Date: ______________________

University Biological Safety Officer

C. The University Biosafety Committee approved this registration document at the biosafety level ________
   containment on ____________________________.

D. A copy of the CDC/NIH "green" book is enclosed for your information on the biosafety level ____ containment.

Signed by: ______________________________________ Date: ______________________

University Biological Safety Officer