Registration Document for Recombinant DNA Experiments

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: ______________________

(REHS USE ONLY)
REHS Reg. No.: ___________
Biosafety Level: ___________
14. Attach a summary of this project.

15. Investigator’s Assessment of Potential Risk
   a. At what biosafety level is this agent/material regulated? 
   b. Primary regulatory authority (check all that apply):
      - ATCC  (www.atcc.org)
      - 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? 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:
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 ___________________.

Signed by: __________________________ Date: ______________