

Registration of Research with HUMAN TISSUE, INFECTIOUS AGENTS, PATHOGENS, ONCOGENES, OR TOXINS

Rev 05/06

RETURN ORIGINAL FORM TO: Biosafety Officer
2024 E. Monument Street, Room B-200
Baltimore, MD 21205-2223, SOM
410-955-5918
(Fax) 410-955-5929

JHU IBC# _____
DATE _____
BIOSAFETY LEVEL _____
ACTION _____
HSE Use Only. Do not write in this space.

Principal Investigator (must be faculty, see * below):				JHU-Badge/ID Number**:	
Academic Title:		Email Address:			
Department:		Division:			
Office Address:		Lab Address:			
Office Phone:		Office Fax:			
Project Title:					
Project Start Date:			Project Duration:		
Name and Source of Material:				Repository:	Yes No
Strain, Genotype, Catalog Number, or CAS Number:				Freezer Serial No: _____	
Type(s):	Toxin	Pathogen	Oncogenic Material	Human Material	Location:

1. Is agent/material a potential human or animal pathogen or toxin? Human Animal N/A
 If a toxin is LD₅₀ greater than 100 nanograms per kilogram body weight? Yes No
2. Do you work with quantities greater than 1 liter? Yes, largest volume: _____ Liters No
3. Do you inactivate the agent/material prior to other laboratory manipulations? Yes No N/A
 Inactivation Method(s) Used: Heat Chemical Radiation Other: _____
4. Do you concentrate the agent/material? Yes No
 Method(s): Centrifuge Filtration Precipitation Other: _____
5. Do you insert this agent/material into intact animals? No Yes, Species: _____
 Location of animal housing: _____
6. Biological containment level required: Biosafety Level #(s) 1 2 3 BSC Serial # _____
7. Do you request biological monitoring or medical surveillance? Yes No
 a) Have all employees who come into contact with animals been enrolled in the Animal Exposure Surveillance Program (AESP)?
 Yes No
8. Please list all professional personnel, employees, and students involved in the project who will come into contact with these materials:

Name	Mailing Address	JHU-Badge/ID Number

9. Please attach a brief overview of the proposed research containing sufficient information to ensure adequate review of the protocol to determine compliance with the JHI Biosafety Program, local, state and federal regulations (Methods or Experimental Protocol from a grant application will suffice). Required information to include:
 - a) The nature and purpose of the research.
 - b) Describe key features of agent, virus or bacterial pathogen used in this project.
 - c) An outline of procedures and techniques to be employed, mammalian cell culture, bacterial culture, DNA isolation.
 - d) Identify known & potential hazards associated with this material or agent, i.e. bloodborne pathogens, aerosol transmitted, or use of sharps.
 - e) Specifically describe safe practices, equipment, facilities, and training used to protect staff from hazards in "d" above.
 - f) Specifically describe methods of inactivation, & disposal of the agent or contaminated materials i.e. 1:10 bleach, soak for 20 mins.

As Principal Investigator, I accept responsibility for the safe conduct of work with this material. I will ensure that all personnel receive training in regard to proper safety practices and personal protective equipment needed for this work.

Signature (Principal Investigator): _____ Date: _____

*Post-doctoral fellows, research associates, & instructors require co-signature of Department Chair and Laboratory Sponsor.
 **JHU Badge/ID number is the number on your ID card. Contact the Biosafety Office if you are unsure of your ID number.