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| Institutional Biosafety Committee  **BIOSAFETY REGISTRATION FORM**  **(KMU/IBC/Registration\_v1)**  Please follow all instructions. Use additional paper when necessary. Complete and signed forms should be submitted to KMU Biosafety Officer (BSO) | | | | | | | | | | | | | | | | | | | |
| **For official use only:** | | | | | | | | | | | | | | | | | | | |
| IBC application no: | | | | | | |  | | | | | | | | | | | | |
| Ethical approval no: | | | | | | |  | | | | | | | | | | | | |
| Approval date: | | | | | | |  | | | | | | | | | | | | |
| Expiration date: | | | | | | |  | | | | | | | | | | | | |
| Signature and stamp: | | | | | | | | | | | | | | | | | | | |
| **1. Applicant (Principal Investigator/ Student/ Supervisor)** | | | | | | | | | | | | | | | | | | | |
| (1) Name, Degree(s) | | | | | (2) Job Role | | | | | (3) If student then degree program ( eg. M. Phil/ PhD) | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | |
| (4) Department | | | | | | | (5) Phone: | | | | | | | | | | | | |
| (6) Interoffice Address: | | | | | | | (7) e-mail address | | | | | | | | | | | | |
| b. LIST ***ALL OTHER PERSONNEL*** DIRECTLY INVOLVED IN THIS PROJECT | | | | | | | | | | | | | | | | | | | |
| NAME | | | PROJECT POSITION(S) | | | | EMAIL ADDRESS | | | | | PHONE | | | | | | | |
| (1) | |  | | | |  | | |  | | | | | | |  | | | |
| (2) | |  | | | |  | | |  | | | | | | |  | | | |
| (3) | |  | | | |  | | |  | | | | | | |  | | | |
| (4) | |  | | | |  | | |  | | | | | | |  | | | |
| (5) | |  | | | |  | | |  | | | | | | |  | | | |
| (6) | |  | | | |  | | |  | | | | | | |  | | | |
| **2. RESEARCH PROJECT** | | | | | | | | | | | | | | | | | | | |
| **a. Applying for** (check only one) | | | | | | | | | | | | | | | | | | | |
| New protocol registration 🞏 | | | | | Exemption 🞏 | | | | |  | | | | | | | | | |
| **b. FUNDING SOURCE** (check only one) | | | | | | | | | | | | | | | | | | | |
| Departmental funds 🞏 | | | | | External funds 🞏 | | | | | Funding to be applied 🞏 | | | | | | | | | |
|  | | | | |  | | | | |  | | | | | | | | | |
| **c. PROJECT TITLE** | | | | | | | | | | | | | | | | | | | |
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| **d. RESEARCH INVOLVES** (check all that apply) | | | | | | | | | | | | | | | | | | | |
| In vitro work 🞏 | | | | | Whole animals 🞏 | | | | | Human subjects 🞏 | | | | | | | | | |
| **e. SPECIFIC AIMS/OBJECTIVES OF THE RESEARCH PROJECT:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **f. SUMMARY OF THE PROJECT: (in lay terms and not exceeding 250 words)** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| g. **EXPERIMENTAL PROCEDURES** (Briefly describe in lay terms the methodologies employed in the proposed research relevant to biosafety) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **h. MICROORGANISMS USED (VIRUSES, BACTERIA, etc.)** | | | | | | | | | | | | | | | | | | | |
| Strain | Characteristic (eg. pathogenic) | | | | Procedure (eg. culture) | | Treatment | | | Procedure location | | | | Hazard to humans (yes/no) | | | | | |
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| **i. EXPERIMENTAL ANIMALS** | | | | | | | | | | | | | | | | | | | |
| Animal strain | Characteristic (transgene, immunodeficient) | | | | Procedure (eg. IV, oral) | | Drug/ chemical/ exposure | | | Procedure location | | | | Hazard to human (yes/no) | | | | | |
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| **j. HUMAN PARTICIPANTS USED (**Briefly describe if participants in your research are healthy, sick, young or old, immunocompetent or immunodeficient) | | | | | | | | | | | | | | | | | | | |
| Participant group (eg. experimental, control) | Characteristic (eg. immunodeficient) | | | | Procedure (eg. IV, oral) | | Drug/ chemical/ exposure | | | Procedure location | | | | Hazard to participant (yes/no) | | | | | |
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| **k. TYPES OF HUMAN TISSUE USED (**Briefly describe if archived samples are used eg. Paraffin embedded tissues) | | | | | | | | | | | | | | | | | | | |
| Sample type | Characteristic (eg. Potentially hazardous) | | | | Procedure (eg. DNA extraction) | | Further treatment (eg. PCR amplification) | | | Procedure location | | | | Hazard to human (yes/no) | | | | | |
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| **l. TYPES OF RADIATION EXPOSURE:** (Briefly describe if research project involves radiation exposure eg. X-ray, radio-isotopes) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **m. TYPES OF RECOMBINANT MATERIAL USED (**Briefly describe the origin of recombinant insert or transgene, and vector. Also describe if these can be of potential hazard to the researcher or environment) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **4. SAFETY AND PROTECTION** | | | | | | | | | | | | | | | | | | | |
| **a. Standard operating procedures (SOP) written and approved by the PI/Supervisor?** | | | | | Yes 🞏 | | | | | No 🞏 | | | | | | | | | |
| **b. Which buildings/laboratories will be used in your research?** (Research projects with a particular biosafety requirement must be conducted in building/laboratory with required biosafety level) | | | | | | | | | | | | | | | | | | | |
| **Laboratory** | | | | | | | **Biosafety level available** | | | | | | | | | | | | |
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| **5. SHIPPING AND TRANSPORT:** (Briefly describe if the biohazardous material will be transported to a local, national or international laboratory. Describe what measures will be undertaken to ensure safe transport) | | | | | | | | | | | | | | | | | | | |
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| **6. TRAINING:** (Briefly describe if the researchers working on this project have received appropriate biosafety training. If no, a training with biosafety office must be arranged before start of the project) | | | | | | | | | | | | | | | | | | | |
| **Name of researcher** | | | | **Biosafety level required** | | | | **Training received:** | | | | | | |  | | | | |
|  | | | |  | | | | Yes 🞏 | | | | | | | No 🞏 | | | | |
|  | | | |  | | | | Yes 🞏 | | | | | | | No 🞏 | | | | |
|  | | | |  | | | | Yes 🞏 | | | | | | | No 🞏 | | | | |
|  | | | |  | | | | Yes 🞏 | | | | | | | No 🞏 | | | | |
| **6. OCCUPATIONAL HEALTH REQUIREMENTS:** | | | | | | | | | | | | | | | | | | | |
| i. Have you ensured safe disposal of solid sharp waste generated in this project? | | | | | | | | | | | Yes 🞏 | | No 🞏 | | | | | NA 🞏 | |
| ii. Have you ensured safe disposal of non-sharp solid waste generated in this project? | | | | | | | | | | | Yes 🞏 | | No 🞏 | | | | | NA 🞏 | |
| iii. Have you ensured safe disposal of liquid waste generated in this project? | | | | | | | | | | | Yes 🞏 | | No 🞏 | | | | | NA 🞏 | |
|  | | | | | | | | | | | | | | | | | | | |
| **7. WASTE DISPOSAL:** | | | | | | | | | | | | | | | | | | | |
| i. Are there any special groups of workers at risk of infection or disease from the use of the biohazard(s)/ hazardous drug(s) (e.g. pregnant, immuno-compromised, allergic, etc.)? If yes, describe below: | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | NA 🞏 |
| ii. Are any special immunizations necessary for personnel involved in the research (e.g. Hepatitis B, Tetanus/Tdap, etc.)? If yes, describe below: | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | NA 🞏 |
| Is there a need to monitor the health of personnel involved (e.g. testing)? If yes, describe below: | | | | | | | | | | | Yes 🞏 | | | No 🞏 | | | | | NA 🞏 |
|  | | | | | | | | | | | | | | | | | | | |
| **6. ASSURANCE:** | | | | | | | | | | | | | | | | | | | |
| **a. PRINCIPAL INVESTIGATOR/ STUDENT/SUPERVISOR** | | | | | | | | | | | | | | | | | INTIALS | | |
| I certify the information provided in the KMU IBC registration form is complete and accurate and understand my responsibilities as noted in it. | | | | | | | | | | | | | | | | |  | | |
| No changes will be made without advance approval form the KMU Institutional Biosafety committee. | | | | | | | | | | | | | | | | |  | | |
| I acknowledge my responsibility for the safe conduct of this research in accordance with KMU IBC guidelines | | | | | | | | | | | | | | | | |  | | |
| Involving Recombinant DNA Molecules. I will inform all associated personnel of the nature and risks of this work, as well as necessary precautions and safe practices. | | | | | | | | | | | | | | | | |  | | |
| I also agree to comply with the requirements for the shipment and transfer of recombinant DNA materials. | | | | | | | | | | | | | | | | |  | | |
| I further acknowledge my responsibility to ensure compliance with the following: | | | | | | | | | | | | | | | | | | | |
| (1) Work surfaces will be appropriately decontaminated at least daily and immediately after working with biohazardous materials. | | | | | | | | | | | | | | | | |  | | |
| (2) All personnel involved will wash thoroughly with soap and water. Clothing will be changed as needed. | | | | | | | | | | | | | | | | |  | | |
| (3) All contaminated materials will be discarded appropriately according to KMU IBC guidelines (e.g. as Biohazard waste, as Hazardous drug waste, as Chemotherapeutic waste). | | | | | | | | | | | | | | | | |  | | |
| (4) BSO (KMU IBC) will be immediately notified of all spill or incidents occurred at biosafety level 2 and up laboratories. | | | | | | | | | | | | | | | | |  | | |
| (5) In the event of an incident where there is a risk of infection or other consequences to incident, affected personnel will be counselled to seek appropriated medical attention. | | | | | | | | | | | | | | | | |  | | |
| **SIGNATURE:** | | | | | | | **Date:** | | | | | | | | | | | | |
| **b. CO- INVESTIGATOR** | | | | | | | | | | | | | | | | | | | |
| I certify that I have reviewed this Biosafety Registration form and that the information provided in it is complete and accurate. | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF CO- INVESTIGATOR | | | | | | | **Date:** | | | | | | | | | | | | |
| SIGNATURE OF CO- INVESTIGATOR | | | | | | | **Date:** | | | | | | | | | | | | |
| SIGNATURE OF CO- INVESTIGATOR | | | | | | | **Date:** | | | | | | | | | | | | |
| SIGNATURE OF CO- INVESTIGATOR | | | | | | | **Date:** | | | | | | | | | | | | |
| **c. ENDORSEMENT OF HEAD OF INSTITUTION** (not needed for KMU students/supervisors/PIs who have received ASRB approval) | | | | | | | | | | | | | | | | | | | |
| In addition to endorsing the PI’s certification, if the experiments are supported primarily by department or university funds, I certify that I have reviewed the protocol and it is judged to be of scientific merit. | | | | | | | | | | | | | | | | | | | |
| SIGNATURE AND STAMP OF THE HEAD OF INSTITUTION | | | | | | | **Date:** | | | | | | | | | | | | |