

UNIVERSITY OF HAWAII  
**BSP-3**  
**Biological Use Authorization and Registration**  
**Amendment or Update**

(recombinant DNA, microorganisms, cell cultures/lines, animal and plant tissues, & human samples)

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**Instructions:**

1. **All sections on the attached form must be completed.** This form has been placed in the EHSO server for your convenience. Please place your responses on the appropriate lines in each section. Do not alter wording in any text section. In the event that you come to a box for which there is no entry, or the item is not applicable, please use N/A to identify this response.
2. If you need assistance or have questions concerning form completion, contact the **Biosafety Program Manager, Hubert Olipares**, at 956-3197.
3. Please send an electronic copy of your completed registration form via email ([uhibc@hawaii.edu](mailto:uhibc@hawaii.edu)).
4. Investigators will receive notification of the Institutional Biosafety Committee (IBC) approval date, protocol registration number, and a copy of the approved form for their records.
5. If an approval letter is needed for funding agency, please contact the Biosafety Officer as early as possible.
6. The Principal Investigator must notify the EHSO when significant changes occur in the project or biological materials, or when other significant changes occur, such as changes in personnel, rooms, or relocation of the laboratory.
7. The IBC is required to review ongoing projects every 5 years. Accordingly, the Principal Investigator will be contacted for updates.
8. The PI is responsible for ensuring the funding agency and project sponsors that facilities and equipment are adequate for conducting the proposed research and/or teaching activity, and when applicable that any other appropriate compliance offices (IRB, IACUC) and EHSO have approved these facilities as appropriate to contain the proposed activity or work.

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**PRINCIPAL  
INVESTIGATOR(S):**

NAME	DEPARTMENT	BUILDING AND ROOM No.	WORK PHONE #	FAX No.
Email:				

**Project Title:**

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REGISTRATION INVOLVES CONFIDENTIAL INFORMATION OR INTELLECTUAL PROPERTY

PERSONNEL UNDER 16 YEARS OF AGE

**APPROVALS:**

	DATE	REGISTRATION #
IBC Authorization		
Vertebrate Animals (IACUC)		
Human Subjects (CHS)		
Biosafety Facility Inspection		

----- Do Not Write Below This Line -----

**INSTITUTIONAL BIOSAFETY COMMITTEE ONLY**

DATE RECEIVED:	
BIOSAFETY REGISTRATION #:	

Please forward the completed forms electronically to \_\_\_\_\_  
and

Completed hardcopy forms to Biosafety Officer, Environment, Health Safety Office.

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1. **PROJECT/PROTOCOL TITLE:**

2. **PROJECT FUNDING SPONSOR:**

3. **GRANT PERIOD:**

4. **UPDATE:** Change  **No change**  **Project Completed**  
(SKIP TO ITEM 6)

5. **CHANGE SUMMARY:**

**Change/Additional Title**

**Change/Additional Personnel**

Please list names in space provided below and indicate when they completed biosafety training.

**Change in Lab location**

**Change/Addition from the Approved Biological Used**

Be sure to attach MSD Sheet(s).

Note: If the new biological(s) is from a higher Risk Group (RG) than the approved biological(s), you must submit a new registration form.

**Nature of Change(s) and justification for change(s):**

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**6. CERTIFICATION & INVESTIGATOR SIGNATURE:**

I accept responsibility for the safe conduct of work with the recombinant DNA, microorganisms, cell cultures, and/or human samples involved in this project. I have informed all personnel who may be at risk of potential exposure to these materials and have determined that the procedures to be used are appropriate for this work. I also understand that I bear the responsibility for ensuring that all personnel are adequately trained. For research that involves the use recombinant DNA, I will follow the National Institute of Health (NIH) and UH guidelines. For all work, I will abide by the CDC/NIH "Biosafety in Microbiological and Biomedical Laboratories" (BMBL). The information above is accurate and complete.

X \_\_\_\_\_  
 Principal Investigator \_\_\_\_\_  
Date

----- Do Not Write Below This Line -----

**BIOSAFETY USE AUTHORIZATION**

I certify that I have been authorized by the IBC to administratively review and approve minor amendments or updates. The proposed project has been found to be in compliance with the NIH, CDC, USDA, HDOA and other federal or state agencies.

X \_\_\_\_\_  
 Signature of Chairperson, IBC or Biosafety Officer (BSO) \_\_\_\_\_  
Date

PRINTED NAME of Chairperson, IBC or BSO