

BSP-3

REGISTRATION OF EXPERIMENTS FOR RECOMBINANT DNA ACTIVITIES
FOR LABORATORY USE

REGISTRATION INVOLVES CONFIDENTIAL INFORMATION OR INTELLECTUAL PROPERTY

- | | |
|----------------------------------|--------------------------------|
| 1. Principal Investigator: _____ | |
| 2. Department/Unit: _____ | 3. Campus Code: _____ |
| 4. Building and Room No.: _____ | 5. Telephone No.: _____ |
| 6. Address: _____ | 7. Fax No.: _____ |
| 8. Granting Agency: _____ | 9. Laboratory Telephone: _____ |

10. List of Additional Investigator (Research Associates Assistants, Graduate Students, Undergraduate Student, Staff, and other Colleagues).

Print Name(s) Clearly

Title

Signature

| | | |
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| | | |
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I. DESCRIPTION OF PROTOCOL

1. Title: _____
2. Protocol of Experiment: _____

3. Duration of Experiment: _____

4. Source(s) of DNA: _____

5. Nature of the Inserted DNA Sequences: _____

6. Host(s) and Vector(s) to be used: _____

7. Expression of foreign gene and if any protein to be produced?: _____

8. Possible environmental release?: _____

II. CONTAINMENT ASSESSEMENT

1. **Level of Physical and Biological Containment:** Type: Animal Plant Large Scale
Level: BSL 1 BSL 2 BSL 3

2. Types of Engineering Controls

- a. Biological Safety Cabinet: (Model, Type, Certification date): _____
- b. Laminar Flow Clean Bench (Model, Type and Certification date): _____
- c. Autoclave (Model, Type and Certification date): _____
- d. Personal Protective Equipment (Types): _____
- e. Disinfectant: (Brand and Working Concentration): _____

3. Projected Experimental Trials:

- Field Trial: Site Location: _____
- Greenhouse: Site Location: _____
- Screen house: Site Location: _____
- Growth Chamber Site Location: _____
- Research Laboratory Only: _____
- Instructional Use Only: _____

4. Describe emergency, contingency, and safety procedures: (facilities, standard operating procedures, practices and training of personnel).

- a. Biological and Sharp Wastes Disposal:
- b. Emergency/Contingency Plan:
- c. Training (Initial, Annual, Shipping and Receiving, Bloodborne):
- d. Other:

I agree to (1) comply with the National Institutes of Health (NIH), US Department of Agriculture-Animals, Plant Health Inspection Services (USDA-APHIS), requirements pertaining to shipment and transfer of recombinant materials, (2) I am familiar with the provisions of the current NIH and USDA Guidelines and other specified federal, state, and municipal rules and regulations pertaining to the recombinant materials, (3) inform the Institutional Biosafety Committee (IBC) if there are any amendments to the proposal and (4) allow the IBC/Biological Safety Officer (BSO) access to the work area to check for compliance with governmental regulations. I believe the above information is accurate and complete.

_____ Date: _____
Principal Investigator

INSTITUTIONAL BIOSAFETY COMMITTEE AUTHORIZATION

I certify that the Institutional Biosafety Committee has reviewed the proposed recombinant project and has found it to be in compliance with the NIH, USDA and other applicable Guidelines. The work area has been inspected. University of Hawaii's policies are being adhered to.

_____ Date: _____
IBC Chair/Designee or BSO

- Approved Approved with Conditions Deferred