Michigan State University 2014 Biosafety Office

**Biological Research at Michigan State University Registration**

This registration is a requirement of the Centers for Disease Control and National Institutes of Health for research involving:

* **Risk Group 1 agents** (microbes, arthropods, plant materials)
* Risk Group 2 or Higher, Infectious Agentsare to be registered using the *BSL-2 or Higher Biological Materials Research Registration (BMR)* form contact [pennerkr@ehs.msu.edu](mailto:pennerkr@ehs.msu.edu) to obtain.
* Registration of Recombinant DNA or Synthetic Nucleic Acid Molecule research is located at the following link: <http://www.oeos.msu.edu/PI/search.htm>. Contact our office for access code to register.

**INSTRUCTIONS:**

E-mail your completed form to [pennerkr@ehs.msu.edu](mailto:pennerkr@ehs.msu.edu). Contact the Biosafety Office at 355-0153. Keep a copy of this application for your records.

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| **SECTION 1: GENERAL PROJECT INFORMATION** | | | |
| Principal Investigator’s Name (last, first): | | | Degree: |
| Department: | | | |
| Campus Address: | | | |
| Office Phone: | Lab Phone: | Emergency Phone: | Fax: |
| Email: | | | |
| Co-Principal Investigator’s Name (last, first): | | | Degree: |
| Department: | | | |
| Campus Address: | | | |
| Office Phone: | Lab Phone: | Emergency Phone: | Fax: |
| Email: | | | |
| Alternate Contact Name (e.g., lab supervisor, etc): | | Email of Alternate Lab Contact: | |
| Title: | | Lab Phone :  Office Phone: | |

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| **SECTION 2: GENERAL SUMMARY OF PROJECT** | | |
| **Mark the materials that will be used in this project:** | **YES** | **NO** |
| Use of Recombinant DNA, gene transfer, host vector systems. If “YES” then register using the Recombinant and Synthetic Nucleic Acid Molecule Registration available at: <http://www.oeos.msu.edu/PI/search.htm> |  |  |
| Use of Infectious Agents to Human, Plant or Animal (Bacteria, Virus, Yeast, Fungus, Prions, & Parasitic Agents)  If **‘Yes’** check the risk group(s) which apply.  Agent Summary Statements at Centers for Disease Control BMBL 5th Edition: <http://www.cdc.gov/biosafety/publications/bmbl5/BMBL5_sect_VIII.pdf>  Or Risk Groups at: <http://www.absa.org/riskgroups/index.html>  **Risk Group** **3**.....must fill out BMR form and receive approval from IBC before initiation of experiments.  **Risk Group 2***.....*must fill out BMR form and receive approval from IBC before initiation of experiments.  **Risk Group 1***.....*must fill out this form. |  |  |
| Use of transgenic or other genetically modified whole plants |  |  |
| Use of transgenic or other genetically modified whole animals |  |  |
| Use of transgenic or other genetically modified arthropods |  |  |
| Use of animals or unfixed animal specimens |  |  |
| Use of Biological Toxins <http://www.selectagents.gov/Select%20Agents%20and%20Toxins%20Exclusions.html> |  |  |
| Use of CDC Select Agent <http://www.biosafety.msu.edu/selectagents/salist.pdf> |  |  |
| Other (specify): |  |  |

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| **Biological Materials Stored or Used in Areas Under Your Control** | | | | | |
|  | Bacteria |  | Viruses |  | Experimental animals or tissues |
|  | Rickettsiae |  | Chlamydiae |  | Wild caught animals or tissues |
|  | Human cells or cell lines (unfixed) |  | Fungi |  | Cells or cell lines of non-human primates |
|  | Human blood, tissues, other potentially infectious material (unfixed) |  | Biological toxins |  | Other cell/tissue culture such as plants or arthropods |
|  | Recombinant DNA and/or products |  | Parasites |  | Other biological materials |
|  | NO materials of biological origin used or stored, stop here and sign at end of form |  | Prions |  |  |

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| **Inventory of Biologicals**  Email your most recent inventory of biologicals along with this form.  The inventory should include all biologicals that you are responsible for, including stored materials in walk-in units. |

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| **SECTION 4: PERSONNEL** | | | |
| In addition to taking the required EHS safety training, each person working on the project is required to receive **formal (agent specific) training in the handling of biohazardous materials** prior to beginning of the project from the PI or lab supervisor. Site specific training can be performed using the checklist available on our website under manuals and forms at [www.ehs.msu.edu](http://www.ehs.msu.edu). This must be made available during inspections.  Training records are available by using your access code at <http://www.oeos.msu.edu/wts/search.htm> and also during inspections. | | | |
| 1. **Personnel Additions** | | | |
| Name (last, first) | Position Title  e.g. staff researcher | *Biological materials working with (human cell lines, animals, toxins, Adeno-virus)* | Site Specific Training Completed |
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| 1. **Personnel Removal** | | | |
| Name (last, first) | Position Title  e.g. staff researcher | *Location Now(left MSU, left lab still at MSU, unknown)* | |
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| **SECTION 7: PRINCIPAL INVESTIGATOR’S ASSURANCE** | |
| 1. I attest that the information contained in the attached application is accurate and complete to the best of my knowledge. 2. I agree to comply with the requirements pertaining to the possession, use, transfer, and disposal of all regulated biologically hazardous materials in accordance to all applicable federal, state, and local laws and regulations and MSU policies and procedures. 3. I attest that prior to the start of this project, all persons involved (including my collaborators):  * are adequately trained in good microbiological techniques and practices, * have received instruction on any specific hazards associated with the project and worksite, * are aware of any specific safety equipment, practices, and behaviors required for the procedures and use of the facilities, and * are familiar with appropriate emergency procedure response (e.g., spills, accidental exposure, environmental release) to ensure safety will be followed.  1. I hereby adopt the current edition of the MSU Biosafety Manual in accordance with the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories as the principal biosafety manual for my laboratory with laboratory specific standard operating procedures. I understand that the laboratory specific standard operating procedures must be approved by the IBC before research can commence. 2. I will abide by the reporting requirements and submit a report to the IBC for activities that may include, but not limited to the following:  * All accident that results in exposure to the infectious agents or recombinant DNA or danger of environmental contamination. * All spills outside a physical containment equipment (e.g., outside biosafety cabinet, outside centrifuge, etc). * All problems pertaining to operation, implementation of containment safety procedures or equipment, facility failure, or breach in security (facility and/or biological agent). * Any new information bearing on the Guidelines such as technical information relating to hazards and safety procedures or innovations.  1. I understand my responsibility with regard to laboratory safety and certify that the protocol as approved by the IBC will be followed during the period covered by this research project. I certify that no work will be initiated or modified until approval has been issued by the IBC, other appropriate oversight committees and all sponsoring agency requirements have been met. 2. I understand that my sending this registration via my email program will be considered the same as a penned signature on a hard copy of this document. | |
| **Signature of Principal Investigator (submit form via PI’s email address to be recorded as signature)** | **Date:** |