



Registration Document for Biohazardous Materials

IMPORTANT: This form shall be used for all Institutional Biological Safety Committee (IBC) registration of research, instruction and testing activities involving Risk Group 2 and 3 agents and certain toxins or projects at a Biosafety Level 2 or 3. Please refer to the "Biosafety in Microbiological and Biomedical Laboratories" manual, the Center for Disease Control and Prevention website (<http://www.cdc.gov/od/ohs/biosfty/bmb15/bmb15toc.htm>), or contact [David Gillum](#), Biosafety Officer, at (603) 862-0197 for more information.

New submission *Teaching Purposes* *Grant Renewal* *Previous IBC #:* _____

PI First Name: _____ **PI Last Name:** _____

Office Phone # _____ **Emergency Phone #** _____

College: _____ **Department:** _____

Building: _____ **Office Room #** _____

Lab Phone # _____ **E-mail Address:** _____

Building and Room (where project will take place): _____

Project Title: _____

Project Period _____ **To** _____ **Funding Agency:** _____

1) **Attach a concise scientific summary and rationale for the proposed study. The abstract from your grant application may be used.**

2) **Briefly describe the goal of your experiment in non-scientific terms (Layman's Terms):** _____

3) **List the names, telephone numbers, and e-mail addresses of those who may come into contact with the infectious, pathogenic or toxic agents listed in this registration document (use additional paper if necessary)*:**

<i>Name:</i>	<i>Office Telephone #</i>	<i>Emergency Telephone #</i>	<i>E-mail Address:</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Please include a one-page summary explaining or detailing your experience to work with the agents listed in Question #4.

4) Please classify and list the agents listed in this protocol in the appropriate Risk Group:

Risk Group One (RG-1): Agents that are not associated with disease in healthy humans.

a) List all RG-1 agents used or stored in the laboratory: _____

Risk Group Two (RG-2): Agents that are associated with human disease which is rarely serious and for which preventive or therapeutic interventions are often available. (Research with **bloodborne pathogens** (i.e. human tissue, blood, semen, vaginal fluid, breast milk, saliva, tears) or **environmental samples** must be conducted at BSL-2 or higher levels.)

b) List all RG-2 agents used or stored in the laboratory: _____

Risk Group Three (RG-3): Agents that are associated with serious or lethal human disease for which preventive or therapeutic interventions may be available (high individual risk but low community risk).

c) List all RG-3 agents used or stored in the laboratory: _____

Risk Group Four (RG-4): Agents that are likely to cause serious or lethal human disease for which preventive or therapeutic interventions are not usually available (high individual risk and high community risk).

RG-4 AGENTS ARE NOT PERMITTED AT UNH!

5) Please list all human, animal and/or plant cell lines used: _____

6) Which level of containment applies to the proposed project?

Biological Safety Level One (BSL-1): Work with agents not known to consistently cause disease in healthy adults, animals and/or the environment.

Biological Safety Level Two (BSL-2): Work with agents associated with disease in humans, animals and/or the environment. The route of exposure into the host is generally through ingestion, injection, absorption and/or mucous membrane exposure.

Biological Safety Level Three (BSL-3)*: Work with indigenous and/or exotic agents capable of causing serious or potentially lethal disease and present the potential of aerosol transmission. The most common route of exposure is via the inhalation route, although exposure may be possible through ingestion, injection, absorption and/or mucous membrane exposure.

Biological Safety Level Four (BSL-4):** Work with dangerous or exotic agents which pose high risk of life-threatening disease. The route of exposure may be unknown.

* BSL-3 research requires pre-approval by the BSL-3 Laboratory Director.

** BSL-4 research is not permitted at UNH.

- 7) Are any of the agents listed in this protocol restricted according to CDC/USDA Select Agent list? <http://www.cdc.gov/od/sap/docs/salist.pdf> Yes No
- 8) Is a CDC, USDA or APHIS permit required to ship, use or store this agent/toxin? Yes No
- 9) Do you plan to receive, ship or transport any of the agents from Question #4 to or from UNH? Yes No

If "Yes," please contact the Office of Environmental Health and Safety at 862-5038.

- 10) Is there a vaccine available and recommended for persons working on this project? Yes No
- 11) Does the project involve human blood, tissue, body fluids and/or excreta covered by Universal Precautions? <http://www.unh.edu/ehs/occsafety/BloodbrnPath.pdf> Yes No

- a. If "Yes," have all personnel attended the Bloodborne Pathogen Training? (Initial and annual retraining) Yes No Not Sure
- b. Have all individuals received the Hepatitis B vaccination or signed a declination waiver? Yes No Pending

- 12) Does the project involve research human subjects? Yes No N/A
- a. If "Yes," do you have IRB approval? Yes No Pending

- 13) Does the project involve research animals? Yes No N/A
- a. If "Yes," do you have IACUC approval? Yes No Pending

- 14) Do you have access to an autoclave for biohazardous waste decontamination? Yes No

a. If "Yes," please indicate location (building and room #): _____

b. If "No," how is the biohazardous waste decontaminated? Please describe. _____

- 15) Does the project require the use of a biological safety cabinet? Yes No

a. If "Yes," please provide the following information:

Location of cabinet (building and room #): _____

Last NSF certification date: _____

- 16) Please indicate the room(s) and location(s) where the aforementioned agents are used for research and/or are stored (including teaching laboratories):

Building: _____ **Room #** _____

Building: _____ **Room #** _____

Building: _____ **Room #** _____

Building: _____ **Room #** _____

- 17) **Identify potential exposure hazards during sample preparation and experimental manipulations (e.g., aerosol generation when transferring, mixing or centrifuging, use of sharps, waste disposal considerations, etc.):**
- 18) **Describe procedures for responding to an accidental spill and/or release (include methods to inactivate or decontaminate the agent):**
- 19) **Indicate any precautionary medical practices or advice and reasons why it may be necessary:**
- 20) **Additional Information/Comments:**

To the best of my knowledge, the information included in this registration document is accurate and complete.

PI Printed Name: _____ **Date:** _____

PI Signature: _____ **Title:** _____

For BSL-3 research only:

BSL-3 Laboratory Director Signature _____

**When completed, please return this document to the Biological Safety Officer,
Office of Environmental Health and Safety, Perpetuity Hall, 11 Leavitt Way.**