BIOLOGICAL MATERIAL REGISTRATION FORM

Information on biosafety is available on the Environmental Health & Safety web page at http://www.udel.edu/ehs/biosafety.html. This includes all pertinent policies and biosafety references.

1.   Principal Investigator:_____

2.   Address:_____

3.   Phone Number:_____

4.   Title of Project:_____

5.   ***Please attach an abstract of the work being performed***.

6.   Labs to be used for work:_____

7.   List of individuals participating in work, including job title:

    •   _____

    •   _____

    •   _____

    •   _____

8.   Agents to be used: ☐ Bacteria   ☐ Fungi   ☐ Viruses   ☐ Rickettsiae   ☐ Parasites

9.   Specimens to be used (blood, tissues, excreta, body fluids, etc.):_____

    _____

10.   List human diseases caused by the agents and/or diseases that may impact

    plants/animals in the environment:_____

    _____

11.   Biosafety level (circle one):   1   2   3

12. List source of the agents (where purchased, etc.)_____

_____

13. Will you use a vortex, blender, centrifuge, or any other aerosol-generating

equipment with the microorganisms?_____

_____

14. Will you use a biosafety cabinet? YES ☐   NO ☐ or

laminar flow bench? YES ☐   NO ☐

If so, give location:_____

15. Describe techniques, equipment and procedures to ensure containment of the

microorganisms:_____

_____

_____

16. Will you use an autoclave? YES ☐ NO ☐

If yes, give location:_____

Is effectiveness verified? How? _____

17. Will animals be used in work? YES ☐   NO ☐ If yes, what?

_____

18. Will tissue cultures be used? YES ☐ NO ☐ 1° ☐ 2°☐. If yes, what cell

types?_____

_____

Do any of these cells harbor latent viruses?_____

19. Will recombinant DNA be used? YES ☐   NO☐. If yes, please complete a

Registration Document for Recombinant DNA Research.

20.   List personal protective equipment to be used:

_____

_____

21.   Methods to decontaminate equipment and work area:_____

_____

_____

22.   Waste disposal procedures:_____

_____

_____

23.   Will agents be shipped or transferred anywhere? YES ☐   NO ☐

Where?_____

24.   Do you possess any USDA or CDC permits for your work? YES ☐   NO ☐

If yes, please attach a copy to this form.

I certify all work will be done in accordance with University of Delaware policies and the CDC/NIH "Biosafety in Microbiological and Biomedical Laboratories." Environmental Health & Safety must be notified prior to any major changes in the work being performed by the research group.

Signature of Investigator:_____

Date:_____

Biosafety Officer Review:_____

Date:_____