Institutional Biosafety Committee
1111 W. 17th Street
Tulsa, OK 74107

Instructions: Complete electronically. No handwritten versions will be accepted. Send fully signed application to Office of Research.

Recombinant DNA Application Form

A. Investigator Information:

Principal Investigator (PI) Name:	
Professional Title:	
Department:	
Campus Address:	
Office Phone Number:	
Emergency Phone Number:	
E-mail Address:	

Co-Principal Investigator (Co-PI) Name:	
Professional Title:	
Department:	
Campus Address:	
Office Phone Number:	
Emergency Phone Number:	
E-mail Address:	

Investigator Assurances:

Pursuant to applicable State and Federal laws and regulations and Oklahoma State University policies and procedures:

- To the best of my knowledge, I affirm that all information contained herein is accurate and complete.
- I agree to accept responsibility for the training of all personnel involved in this research and that all personnel have been trained.
- I understand that any and all changes must be reported in writing to the IBC in the prescribed format, and that IBC approval shall be obtained prior to implementation of these changes.

Principal Investigator Name	Principal Investigator Signature	Date
Co-Responsible Faculty Name	Co-Responsible Faculty Signature	Date
Department Head Name	Department Head Signature	Date
Dean/Research Director Name	Dean/Research Director Signature	Date

B. Project Information:

Project Title:	

Funding Agency:	

Project Summary/Abstract: Please describe your project clearly and simply.

Project Personnel:	
Name:	Initials acknowledging project participation:
Relevant Training/Experience:	Project Responsibilities:
Name:	Initials acknowledging project participation:
Relevant Training/Experience:	Project Responsibilities:
Name:	Initials acknowledging project participation:
Relevant Training/Experience:	Project Responsibilities:

Will any foreign nationals (non-US citizens without a green card) be working on this project?	☐ no ☐ yes

NIH Classification: Please refer to the NIH Guidelines Summary and Risk Groups link to assist in determining Risk Group and appropriate NIH Classification, http://compliance.vpr.okstate.edu/IBC/NIH_Guidelines_Summary.aspx		
☐	Experiments using Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents as Host-Vector Systems	III-D-1
☐	Experiments in which DNA from Risk Group 2, Risk Group 3, Risk Group 4, or Restricted Agents is cloned into nonpathogenic prokaryotic or lower eukaryotic host-vector systems	III-D-2
☐	Experiments involving the use of infectious DNA or RNA viruses or defective DNA or RNA viruses in the presence of helper virus in tissue culture systems	III-D-3
☐	Experiments involving whole animals	III-D-4
☐	Experiments involving whole plants	III-D-5 and/or III-E-2
☐	Experiments involving more than 10 liters of culture	III-D-6
☐	Experiments involving the formation of recombinant DNA molecules containing no more than two-thirds of the genome of any eukaryotic virus	III-E-1
☐	Experiments involving transgenic rodents	III-E-3
☐	Exempt Experiment(s): **If you selected this option, you only need to answer the following questions:** 1. What is the host-vector system that will be used (*E. coli*, K12, etc.): 2. What is the insert gene and source:	III-F
☐	Other: Explain and **site** NIH section number:	

C.   Biosafety Information

Determination of Biosafety Level (BSL)	
Check the Risk groups (or Class) of all material(s) used in this project in the boxes below	
☐ Risk Group 1	*Please reference Appendix B of the NIH Guidelines (see below) for assistance with classification.*
☐ Risk Group 2	
☐ Risk Group 3	
☐ Risk Group 4	
Describe the potential Biosafety risks of this research proposal below: (Risk Assessment)	
Pathogenicity	
Route of transmission	
Agent stability	
Infectious dose (indicate host)	
Concentration (identify as stock concentration or concentration employed in experiment such as dose, etc.)	
Origin	
Availability of effective prophylaxis	
Check the highest biological safety level required for this project	Please reference Appendix G of the NIH Guidelines for additional information on Biosafety Containment Level descriptions and the BMBL.
☐ BSL-1, BL-1P, ABSL-1	Low risk agents, special containment equipment not required
☐ BSL-2 ,BL-2P, ABSL-2	Moderate risk agents, biosafety cabinets, restrictions to research areas
☐ BSL-3, BL-3P, ABSL-3	High risk agents, BSL-3 containment facilities, and practices

NIH Guidelines http://oba.od.nih.gov/rdna/nih_guidelines_oba.html
Biosafety in Microbiological and Biomedical Laboratories (BMBL) http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm

D.   Specific Vectors and rDNA Agents:

List all Plasmids used: ↓	List all Oligonucleotides used as a therapeutic agent: ↓	List all Inserted DNA used: (Mark with * if oncogenes or toxins) ↓
Could toxic products (LD50 of <100 µg/Kg) be produced and released from this research →	☐ yes ☐ no	If YES, describe the toxic product(s) and containment precautions: ↓

Does the work involve microorganisms or non-vertebrate animal models? →	☐ yes ☐ no		If YES, provide details as related to this project in the boxes below: ↓
List all Bacterial, Fungal agents used in the box below: ↓	List all Viruses, Viral Vectors and Phages used in the box below: ↓	List all Eukaryotic Cells, Organisms, Cell Lines or others in the box below: ↓	List other organisms below (e.g. amoebas, nematodes): ↓
Is the organism infectious to human cells? →	☐ yes ☐ no ☐ n/a		If YES, provide details below: ↓
Is the organism a retrovirus or	☐ yes ☐ no ☐ n/a		If YES, provide the type and the viral

lentivirus? →		envelope used in the box below:↓
Is a Helper virus or Packaging System used in this project? →	☐ yes ☐ no ☐ n/a	If YES, provide packaging line and/or plasmids used in the box below: ↓
Is split packaging used in propagation of the vector system? →	☐ yes ☐ no ☐ n/a	If YES, provide details below: ↓
Is the virus self-inactivating? →	☐ yes ☐ no ☐ n/a	If YES, provide details below: ↓
Does the work involve the expression of a toxin gene or an oncogene?→	☐ yes ☐ no ☐ n/a	If YES, provide details below: ↓
Has the vector (product) been tested for RCV (Replication Competent Virus)? →	☐ yes ☐ no ☐ n/a	If YES, provide details of the assay used to test for RCV below: ↓

Will work involve use of a CDC Select Agent? →	☐ yes ☐ no ☐ n/a	If YES, complete Biological Agent Registration Form.
Will work involve use of a USDA/APHIS Restricted Animal Pathogen →?	☐ yes ☐ no ☐ n/a	If YES, complete Biological Agent Registration Form.

E.   Research Facilities

Room and Building for all locations of this project ↓	Procedures performed in each location ↓	BSL – Currently approved biosafety containment level for EACH procedure room ↓	Last inspection date for each location ↓

NOTE:

If work is to be conducted at biosafety level 2, the lab must be registered as such. Contact the Biological Safety Officer for more information. The Biosafety Standard Operating Procedures (SOPs) for <u>each location</u> must be available for review. Submitting them with the application is recommended to help avoid delays in approving the work.

F.   Animal Use Information

Does the work involve use of vertebrate animal(s)? →	☐ yes ☐ no	If NO, this section is complete. If YES, complete Appendix B.