



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

For Office Use ONLY:

Date Received: _____
Protocol Number: _____
Date Approved: _____
Expiration Date: _____

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

Recombinant DNA Exemption Form

A. Investigator Information:

Principal Investigator (PI) Name:	
Professional Title:	
Department:	
Research Facility:	
Office 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 changes in research that might revoke this exemption form 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
Department Head Name	Department Head Signature	Date
Dean/Research Director Name	Dean/Research Director Signature	Date

B. Project Information:

Project Title:	
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Project Summary/Abstract: Please describe your project clearly and simply (~< 4 sentences).

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NIH Exempt Classification: Please refer to the NIH Guidelines Summary and Risk Groups link to assist in determining Risk Group and appropriate NIH Classification as exempt,
http://compliance.vpr.okstate.edu/IBC/NIH_Guidelines_Summary.aspx

<input type="checkbox"/>	Exempt Experiment(s): 1. What is the host-vector system that will be used (<i>E. coli</i> , K12, etc.): 2. What is the insert gene and source (less than 2/3rds of genome is used for exempt):	III-F
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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	
<input type="checkbox"/> Risk Group 1	<i>Please reference <u>Appendix B</u> of the NIH Guidelines (see below) for assistance with classification.</i>
<input type="checkbox"/> Risk Group 2	
<input type="checkbox"/> Risk Group 3	
<input type="checkbox"/> Risk Group 4	
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.
<input type="checkbox"/> BSL-1, BL-1P, ABSL-1	Low risk agents, special containment equipment not required
<input type="checkbox"/> BSL-2 ,BL-2P, ABSL-2	Moderate risk agents, biosafety cabinets, restrictions to research areas
<input type="checkbox"/> 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/bmb15/bmb15toc.htm>