

## IBC Project Description

Please complete this form if you are submitting a new registration for use of Pathogenic Microorganisms or Human/Primate Cells and Tissues. If your project involves the use of recombinant retroviruses (including lentiviruses) or adeno-associated viruses to transduce cells or animals, please complete the form entitled "Project Description: Lentiviral".

### **1.) Research Goals and Methods.**

Provide a brief description of the research goals and methods. Please limit descriptions to the space provided. Please note that providing a grant proposal is no longer an acceptable substitute for completing this section.

A) Goals

B) Methods

## 2.) Biohazardous Materials:

Provide a description of biohazard used in the laboratory.

A.) Biohazardous material description:

B.) Possible routes of infection.

	Inoculation (needlestick, etc.)
	Inhalation
	Exposure to mucous membranes (eyes, mouth, etc)
	Other (please describe)

C.) Symptoms of disease or exposure when working.

## 3.) Potentially Hazardous Practices.

Please check all that apply:

	Centrifugation of cell cultures, blood, or tissue homogenates
	Chemical extraction of DNA, RNA, or protein from cultured cells or tissues
	Mechanical disruption or homogenization of cells or tissues
	Sonication of cells or tissues
	Use of needles or other sharps
	Use of glass pipettes, vacuum flasks, tubes, or other breakage hazards
	Concentration or filtration of culture supernatants, serum, etc under pressure or vacuum
	Other (please describe)

**4.) Containment and Hazard Mitigation.**

A.) Indicate how you will control and contain exposures. Please check all that apply.

<input type="checkbox"/>	Biological Safety Cabinet (Class II)
<input type="checkbox"/>	Sealed centrifuge buckets
<input type="checkbox"/>	Use of sealed secondary containers
<input type="checkbox"/>	Use of alternatives to glass and sharps where feasible
<input type="checkbox"/>	Physical containment of sonication or homogenization apparatus
<input type="checkbox"/>	Other (please describe)

B) Indicate Personal Protective Equipment (PPE) to be used in the lab. Please check all that apply.

<input type="checkbox"/>	Lab coat	<input type="checkbox"/>	Face shield
<input type="checkbox"/>	Gloves	<input type="checkbox"/>	Surgical mask
<input type="checkbox"/>	Smock/gown/apron	<input type="checkbox"/>	Respirator (type _____ )
<input type="checkbox"/>	Booties	<input type="checkbox"/>	Other (please list)
<input type="checkbox"/>	Safety glasses		

**5.) Decontamination:**

Indicate the procedure for decontamination in the event of a spill.

<input type="checkbox"/>	Small spills will be decontaminated using 10% bleach or other disinfectant. (Indicate alternate disinfectant: _____ )
<input type="checkbox"/>	Large spills will be diluted with 1/10 vol 100% bleach or other disinfectant. (Indicate alternate disinfectant: _____ )
<input type="checkbox"/>	Spills will be mopped up using absorbent material to be disposed as biohazardous waste.
<input type="checkbox"/>	All work surfaces will be sprayed down with 70% ethanol or other disinfectant after use. (Indicate alternate disinfectant: _____ )
<input type="checkbox"/>	Other method (please describe)

**6.) Additional Comments**