REGISTRATION FORM
Activities Involving RECOMBINANT DNA
January 2010

IBC USE ONLY: Received _____ Approved _____ Level _____

Signature _____

P.I. Name_____ Department_____
e-mail _____ Telephone_____
Project title _____ Start date_____

1) Biological source and type of insert DNA: _____

2) Vector: _____ Host: ☐ *E. coli* K12 ☐ other_____

3) Will insert be expressed as protein? ☐ No
☐ Yes; name? _____
lethal? ☐ No ☐ Yes; LD_{50} :
☐ ≥100 ng/kg
☐ <100 ng/kg

4) Recommended biosafety level: ☐ Exempt ☐ BSL-1 ☐ BSL-2 ☐ BSL-3 ☐ BSL-4

5) Applicable section of NIH guidelines
http://oba.od.nih.gov/rdna/nih_guidelines_oba.html
section _____ appendix _____
section _____ appendix _____
(for lentiviral vectors)
☐ http://oba.od.nih.gov/rdna_rac/rac_guidance_lentivirus.html

Other applicable source(s):

_____

6) Location of activities (building and room number(s)): _____

7) Names and roles of all project personnel: