

Protocol #:

Receipt Date:

**CUNY QUEENS COLLEGE**

**INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) APPLICATION**

Please type answers to each item. Indicate sections which are not applicable by writing “N/A”. Obtain required signatures and attach the proposal/protocol and submit it to the Chair of the IBC via email. This form, an attached protocol, and documentation of training requirements constitute a complete application. Please submit these items to the IBC Chair, Susan Rotenberg, at [susan.rotenberg@qc.cuny.edu](mailto:susan.rotenberg@qc.cuny.edu).

**GENERAL**

1. **Principal Investigator:** Click or tap here to enter text.

**Degree:** Click or tap here to enter text. **Email:** Click or tap here to enter text.Phone:Click or tap here to enter text.

1. **Department**: Click or tap here to enter text. **Division**: Click or tap here to enter text.
2. **Project Title**: Click or tap here to enter text.

(If the project has been reviewed wholly or in part under another title please indicate project titles and approval dates): Click or tap here to enter text.

1. **Submission Type (Initial Review, Continuing Review, Amendment, Final Report, Report of Protocol Deviation, Report of Non-compliance)**: Click or tap here to enter text.
2. **Category (Research/Teaching):**Click or tap here to enter text.
3. **Funded Research** No  Yes  **Sponsor**: Click or tap here to enter text.
4. **Inclusive dates of study**: from:Click or tap here to enter text. to:Click or tap here to enter text.
5. **Please list any institutions you will be collaborating with on this project**: Click or tap here to enter text.
6. **Please list any foreign collaborators you will be working with on this project**:Click or tap here to enter text.

**BIOSAFETY LEVEL**

1. Exempt () BSL1 () BSL2 () BSL3 () Other ()

Visit <https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf>to view the NIH Guidelines for Research Involving Recombinant or Synthetic Nucleic Acid Molecules (section III-F) for more information on exempt experiments.

See <https://www.niaid.nih.gov/research/biosafety-labs-needed> for more information on biosafety levels.

**PERSONNEL AND TRAINING**

1. **Personnel**: The individuals listed below will work on this project; before engaging in this work, they must be trained in laboratory safety, safe manipulation of recombinant DNA molecules and the organisms that contain them and/or infectious agents and such training must be documented (please provide documentation of training for all personnel with your application):

**Name**: Click or tap here to enter text.

**Role (PI, student, co-investigator, student, volunteer)**:Click or tap here to enter text.

**Documentation of training received (including date)**:Click or tap here to enter text.

**CUNY Affiliation (Y/N)**:Click or tap here to enter text.

**Name**: Click or tap here to enter text.

**Role (PI, student, co-investigator, student, volunteer)**:Click or tap here to enter text.

**Documentation of training received (including date)**:Click or tap here to enter text.

**CUNY Affiliation (Y/N)**:Click or tap here to enter text.

**Name**: Click or tap here to enter text.

**Role (PI, student, co-investigator, student, volunteer)**:Click or tap here to enter text.

**Documentation of training received (including date)**:Click or tap here to enter text.

**CUNY Affiliation (Y/N)**:Click or tap here to enter text.

**Name**: Click or tap here to enter text.

**Role (PI, student, co-investigator, student, volunteer)**:Click or tap here to enter text.

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**CUNY Affiliation (Y/N)**:Click or tap here to enter text.

**Name**: Click or tap here to enter text.

**Role (PI, student, co-investigator, student, volunteer)**:Click or tap here to enter text.

**Documentation of training received (including date)**:Click or tap here to enter text.

**CUNY Affiliation (Y/N)**:Click or tap here to enter text.

**BIOSAFETY INFORMATION OVERVIEW**

1. **Identify the source from which the biological agent was obtained**:Click or tap here to enter text.
2. **Country of origin of materials to be used**: Click or tap here to enter text.
3. **Nature of recombinant gene(s) or sequence(s) to be used (specify)**: Click or tap here to enter text.
4. **Vector/host systems to be employed:** Click or tap here to enter text.
5. **Infectious agent(s) to be employed:** Click or tap here to enter text.
6. **State whether your project involves humans, animals, plants, genetic materials, radioactive materials, carcinogens or other**: Click or tap here to enter text.
7. **Describe any special precautions necessary to protect personnel or the environment:** Click or tap here to enter text.
8. **Describe the proposed research in language understandable to a layperson or include it as a separate attachment. Include the specific aims of the research and the significance to biology and medicine. Expand on any novel procedures which involve the use of recombinant techniques or infectious agents. Please also include your scientific protocol and/or grant submission as a separate attachment(s):** Click or tap here to enter text.

**DUAL USE POTENTIAL**

1. **The US Government issued the** [**Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern (DURC)**](https://www.phe.gov/s3/dualuse/documents/durc-policy.pdf) **on September 24, 2015. The policy requires institutions to establish policies and procedures for oversight of such research. In order for us to assess whether and to what extent this policy applies to CUNY, please select:**

**(a) any agents or toxins you are using from the list below that you are using in your research:**

**Agents and Toxins**

avian influenza virus (highly pathogenic)

bacillus anthracis

botulinum neurotoxin (For the purposes of this Policy, there are no exempt quantities of botulinum neurotoxin. Research involving any quantity of botulinum neurotoxin should be evaluated for DURC potential.)

burkholderia mallei

burkholderia pseudomallei

ebola virus

foot-and-mouth disease virus

francisella tularensis

marburg virus

reconstructed 1918 Influenza virus

rinderpest virus

toxin-producing strains of Clostridium botulinum

variola major virus

variola minor virus

yersinia pestis

***AND***

**(2) the category of experiment(s) for which your research produces, aims to produce, or can be reasonably anticipated to produce one or more of the effects.**

**Categories of Experiments**

enhances the harmful consequences of the agent or toxin

disrupts immunity or the effectiveness of an immunization against the agent or toxin without clinical and/or agricultural justification

confers to the agent or toxin resistance to clinically and/or agriculturally useful prophylactic or therapeutic interventions against that agent or toxin or facilitates their ability to evade detection methodologies

increases the stability, transmissibility, or the ability to disseminate the agent or toxin

alters the host range or tropism of the agent or toxin

enhances the susceptibility of a host population to the agent or toxin

generates or reconstitutes an eradicated or extinct agent or toxin listed above

**OTHER COMMITTEE APPROVALS**

1. **Does your protocol involve human subjects?** Click or tap here to enter text.
   1. **Have you submitted a protocol for IRB review?**Click or tap here to enter text.
   2. **Have you received IRB approval? If yes, please include a copy with your submission**.Click or tap here to enter text.
2. **Does your protocol involve animal research?** Click or tap here to enter text.
   1. **Have you submitted a protocol to the Queens College IACUC for review?** Click or tap here to enter text.
   2. **Have you received IACUC approval? If yes, please include a copy with your submission.** Click or tap here to enter text.

**MATERIALS TRANSPORT**

1. **Please describe the process for transporting materials to and from laboratories, including containers to be used**:Click or tap here to enter text.
2. **Please state whether any materials will be transported via the Shipping and Receiving Department and if they have been notified**:Click or tap here to enter text.

**DECONTAMINATION AND WASTE DISPOSAL**

1. **Describe method of decontaminating waste or inactivation of agents and contaminated or infectious materials prior to disposal:** Click or tap here to enter text.
2. **Please describe disposal methods of agents:** Click or tap here to enter text.

**LABORATORY INFORMATION**

1. **Location(s) of proposed experiments:** Click or tap here to enter text.

**Building**: Click or tap here to enter text. **Room**: Click or tap here to enter text.

**Building**: Click or tap here to enter text. **Room**: Click or tap here to enter text.

**Building**: Click or tap here to enter text. **Room**: Click or tap here to enter text.

**Building**: Click or tap here to enter text. **Room**: Click or tap here to enter text.

1. **Please describe safety protections that these laboratories offer, as they related to the proposed project**: Click or tap here to enter text.

**PERSONAL PROTECTIVE EQUIPMENT**

1. **Please describe personal protective equipment to be used**:Click or tap here to enter text.

1. **Please describe risks of unintentional exposure to personnel**:Click or tap here to enter text.

**INVESTIGATOR STATEMENT AND SIGNATURE**

The Principal Investigator (PI) is responsible for providing adequate training and supervision of staff in laboratory safety and practices required to ensure safety and for procedures in dealing with accidents. The PI is responsible for enforcing federal regulations regarding laboratory safety for all persons who work under his/her direction. The PI is also responsible for ensuring that co-investigators, if any, employ the necessary safeguards to protect laboratory personnel, students, and the community from potential hazards posed by the project. The investigator is responsible for correcting work errors and conditions that may result in the release of recombinant DNA or synthetic nucleic acid materials, biohazardous materials, or infectious agents and ensuring appropriate physical containment.

Any work-related or research-related injury or exposure must be reported to the Queens College Director of Environmental Health and Safety at william.graffeo@qc.cuny.edu and the University Director of Environmental, Health, Safety, and Risk Management via at health-reporting@listserv.cuny.edu​. If the Health Services Director is unavailable, the CUNY Chief Student Affairs Administrator is responsible for cases involving students and the CUNY Director of Human Resources is responsible for cases involving employees.

By signing below, I certify that I have read the following statements and agree that I will implement and/or adhere to the following:

Report any (a) research-related illnesses, transgenic animal bites, needle sticks, (b) release of recombinant DNA or synthetic nucleic acid molecules to the environment (including escape of a transgenic animal), (c) spills involving recombinant DNA-containing material, (d) spills and accidents in NIH nonexempt animal laboratory that result in environmental release or exposures of animals or humans to organisms containing recombinant or synthetic nucleic acid molecules (e) spills and accidents involving infectious organisms, synthetic nucleic acid molecules, or potentially infectious material which result in human exposure.

Provide study personnel with necessary and appropriate training in safe laboratory practices and procedures for this study before any work begins and thereafter. Also, maintain documentation of this training.

Follow the health surveillance practices as approved for this protocol and inform study personnel about appropriate emergency assistance information for their location(s).

Inform the IBC of any research-related accidents or illnesses as soon as possible after occurrence.

Submit any modifications to the IBC-approved protocol (amendments) and receive approval before implementation.

Inform the IBC of any protocol deviations, and/or non-compliance with the IBC-protocol, university policies and procedures all applicable federal, state, and local regulations.

Adhere to all applicable federal, state, and local regulations and guidelines as well as the policies set forth by Queens College.

**Signature of Principal Investigator:**

**Date:** Click or tap here to enter text.