

Registration From Recombinant DNA Research

IMPORTANT: This registration form is based on the NIH "Guidelines for Research Involving Recombinant DNA Molecules," and will become an official record of your activities. Please review the guidelines prior to filling out this form. To view the most recent edition of these guidelines, please visit the EH&S Biological Safety website.

PLEASE TYPE! Remember, this form wil	l become an official r	ecord o	of your a	ctivities!		
Principal Investigator:						
Department:						
Campus Mailing Address:						
Building and Room number where the	project will take plac	e:				
Office Phone number:	Labora	atory Pl	none nui	mber:		
Project Title:						
Project Period:to	Grant	ng Age	ncy:			
Where is this project being carried						
Laboratory Green	nouse/Animal Facility	<i>'</i>		Environmen (Please attach U	ntal Release ISDA application/po	ermit)
2. Which of the following six categori	es apply to the propo	sed pro	oject? (S	elect one)		
III-A; Experiments that require II	BC Approval, RAC Rev	view, ar	nd NIH D	irector Appro	val before init	tiation
III-B; Experiments that require N	•	•				
III-C; Experiments that require II Registration before initiation		leview l	Board ap	proval and N	IH/ORDA	
III-D; Experiments that require II		nitiatior	1			
III-E; Experiments that require II				itiation		
III-F; Exempt Experiments (no re	egistration required)					
3. Which level of containment applies	s to the proposed pro	ject? (S	Select on	ne from each o	category)	
Biosafety Level:	1	2	3	N/A		
Animal Biosafety Level:		2		•		
Plant Biosafety Level:	1	2	3	N/A		
Will this project require large-scale containing recombinant DNA mole		iters) o	f organis	sms	Yes	No
5. Will this project at some point requ		ganisms	s contain	ning	Yes	No
6. Will this project involve the use of	transgenic plant or a	nimal s _l	pecies?		Yes	No
7. Will there be any attempt to transf plant or animal systems (other than		moleci	ules in vi	vo to	Yes	No



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8.	Red	combinant DNA experiment/project details:
	a.	Host strain(s) used (include genus, species, and parent strains):
	b.	Source of DNA/RNA sequences (include genus and species, and gene name, abbreviation, and function):
	c.	Recombinant plasmid(s)/vector(s) used:
	d.	Will there be any attempt to obtain expression of the foreign gene? Yes No
		If yes, identify the gene and gene function:
9.	De	scribe procedures for responding to an accidental spill and/or release:
10	Ind	licate any precautionary medical practices or advice and reasons why provided:
10	. IIIU	incate any precautionary medical practices or advice and reasons why provided.



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12. Provide a non-technical summary (include goals and objectives):
13. Attach a separate technical summary, identifying the specific steps and protocols of the project.
I agree to fully comply with the NIH requirement pertaining to the shipment, transfer, and accident reporting for
recombinant DNA materials. I agree to abide by all provisions of the most current NIH Guidelines. I have carefully reviewed and accept the responsibilities for Principal Investigators described in the NIH Guidelines. The information
above is accurate and complete.
PI signature: Date:
when completed, please return this document and an attachments to Environmental fleath and Sarety, 210 Blowning Hair.
For use by the Institutional Biosafety Committee (IBC) ONLY:
Approve Approve with Stipulations* Disapprove Conflict of Interest
Stipulations:
Signature IBC Chair: Date: