

**LEHIGH UNIVERSITY INSTITUTIONAL BIOSAFETY COMMITTEE (LUIBC)
QUESTIONNAIRE FOR RESEARCH OR TRAINING WITH RECOMBINANT DNA OR PATHOGENIC
ORGANISMS (2012)**

DESCRIPTION OF USE:	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching Lab
PRINCIPAL INVESTIGATOR:	PHONE EXTENSION:	
TITLE AND DEPARTMENT:		
CO-INVESTIGATORS: (Include Graduate and Undergraduate students working in the lab)		
LOCATION OF LAB: in which the research is/will be done (include Room #):		

For recombinant DNA answer all questions. Use an additional sheet(s), if necessary.
For non-recombinant DNA research, answer questions 1-3.

1.	Based on your knowledge of the proposed research and your review of the safety guidelines pertaining to this type of research, please give your opinion of the biological safety classification of this project. NOTE: BSL 3 & 4 are not allowed on campus.	
	<input type="checkbox"/> BSL1 <input type="checkbox"/> BSL2 <input type="checkbox"/> Exempt from Guidelines	
2.	Are you currently propagating any human, animal, or plant pathogens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a.	Name of organism(s):	
	Amount used: (Estimate total number of organisms in lab at one time).	
	Maximum volume of culture will be/is:	
	<input type="checkbox"/> 1-99 ml <input type="checkbox"/> 100-999 ml <input type="checkbox"/> 1-9 liters <input type="checkbox"/> 10-99 liters <input type="checkbox"/> >100 liters	
b.	Pathogens will be/are associated with:	
	<input type="checkbox"/> plants <input type="checkbox"/> animals <input type="checkbox"/> in-vitro	
3.	Have the following committees or offices received correspondence from you regarding this project?	
a.	Environmental Health and Safety office for a copy of the Infectious/Biohazardous Waste Disposal Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Animal Research Committee (if animals are/will be involved).	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Human Subjects Committee	<input type="checkbox"/> Yes <input type="checkbox"/> No

**COMPLETE THE INFORMATION ON THE SECOND PAGE OF THE FORM,
IF YOU ARE DOING OR PLAN TO DO RECOMBINANT RESEARCH**

RECOMBINANT DNA SECTION

4. Are/Will you be generating recombinant DNA molecules in your laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What vectors are/will be in use: Be specific – “plasmids” is not specific enough.
6. What DNA has been/will be cloned into these vectors: Be specific. What gene(s) from what organism(s).
7. Do/Will any recombinant DNA molecules contain an oncogene, toxin gene, or two-thirds or more of the genome of any eukaryotic virus? (Describe on another page, if necessary). <input type="checkbox"/> Yes <input type="checkbox"/> No
8. What host cells are being/will be used for DNA experiments? Be specific. This question pertains to cells used for propagation of the recombinant DNA molecules, and also any cells into which recombinant DNA is/will be introduced, even transiently, in any experiment.
9. Are you/Will you be using human, animal, or plant pathogens as host vector systems? If so, describe.
10. Does/Will your research involve deliberate release of any form of recombinant DNA into the environment or the use of any recombinant DNA in any mammal? (If yes, please describe on a separate page). <input type="checkbox"/> Yes <input type="checkbox"/> No

Principal Investigator

Date

NOTE: IF THE SCOPE OF YOUR RESEARCH CHANGES, PLEASE KEEP IN MIND THIS FORM MUST BE MODIFIED AND RESUBMITTED TO THE INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) FOR REVIEW AND APPROVAL, AT THE EARLIEST POSSIBLE TIME.

Return this form with any attachments to:

**Environmental Health and Safety
211 Warren Square
ATTN: Randy Shebby, Chairperson, (LUIBC)**