

**TEXAS WOMAN'S UNIVERSITY  
INSTITUTIONAL BIOSAFETY COMMITTEE**

**Registration of Laboratories Containing Recombinant DNA and/or Biohazardous Agents**

The purpose of this form is to register the **presence and use** of recombinant DNA and biohazardous agents in research and teaching laboratories at TWU. Possession of these materials in laboratories is subject to IBC review and approval.

- If your **laboratory/classroom** is designated BSL1: you should fill out this registration form.
- If your **laboratory/classroom** is designated BSL2 and you have **known** microorganisms, virus stocks, infectious substances, genetically modified material or recombinant DNA: you should fill out this registration form and complete an IBC application
- If your **laboratory/classroom** is designated BSL2 due to the presence of Human fluids or tissues, you are subject to the TWU Blood Borne Pathogen policies. You do not need to complete this form.

<https://twu.edu/health-safety/safety-programs/occupational-safety/bloodborne-pathogens/>

**Principal Investigator:**

**Department:**

**Instructor:**

**Phone:**

**E-mail:**

☐ My laboratory or classroom contains biohazardous agents AND/ OR genetically modified organisms/ recombinant DNA

**(Skip to page 2 the Biohazardous Agents section)**

☐ My laboratory or classroom contains NO biohazardous agents (microorganism, virus, infectious substance, or toxin) or genetically modified organisms or recombinant DNA

**(Sign below and return to the Office of Research & Sponsored Programs)**

I understand that I am required to register recombinant DNA or biohazardous agents present in my laboratory. I am aware that my project may require committee review or may be approved as exempt by the chair of the IBC depending on the nature and degree of hazards involved.

\_\_\_\_\_  
Signature of PI

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Dept. Chair, Assoc. Dean, or Director

\_\_\_\_\_  
Date

**BIOHAZARDOUS AGENTS** \* – Complete if plant pathogens and/or other biohazardous agents at Risk Group (RG) level 1 or above are present in your laboratory (Risk groups listed in [Appendix B](#) of the *NIH Guidelines*).

Plant Pathogens	Location (Bldg. & Rm. #)	RG Level	IBC Approval #
1.			
2.			

Other Biohazardous Agents: all microorganisms, virus stocks, infectious material and/or toxins	Location (Bldg. & Rm. #)	RG Level	IBC Approval #
1.			
2.			
3.			
4.			

You may attach an excel worksheet if you need more space

**NOTE:** TWU does not have facilities to support RG3 and RG4 agents which are associated with serious human disease.

**RECOMBINANT DNA (rDNA)** – Are rDNA molecules or organisms being used/stored in your laboratory?

Recombinant DNA Research	NO	YES		
		Location (Bldg. & Rm. #)	Exempt*	IBC Approval #
Recombinant DNA in Tissue Culture	<input type="checkbox"/>		<input type="checkbox"/>	
<i>Escherichia coli</i> K-12 Host-Vector Systems	<input type="checkbox"/>		<input type="checkbox"/>	
<i>Saccharomyces</i> Host-Vector Systems	<input type="checkbox"/>		<input type="checkbox"/>	
<i>Bacillus subtilis</i> or <i>Bacillus licheniformis</i> Host Vector Systems	<input type="checkbox"/>		<input type="checkbox"/>	
The Purchase or Transfer of Transgenic Rodents	<input type="checkbox"/>		<input type="checkbox"/>	
Extrachromosomal Elements of Gram Positive Organisms	<input type="checkbox"/>		<input type="checkbox"/>	
Adeno- associated virus (AAV – all serotypes); and recombinant or synthetic AAV constructs	<input type="checkbox"/>		<input type="checkbox"/>	
Tissue culture lines?				

\*If **Exempt**, please cite the exemption category ([NIH Guidelines, Appendix C](#)) which covers your project and complete the relevant information below, as well as **Page 2** of this form.

**Exemption Category:**

**Source of DNA:**

**Vector Systems**(general description):

**Host Organisms** (general description):

**Explanation:**

**Complete this page if your project is EXEMPT or involves RG1 ORGANISMS.**

**NOTE:** All members of laboratories housing rDNA or biohazardous agents are required to complete annual departmental safety training and to complete required IBC training. Copies of certificates of completion for each member must be attached to the registration. Certificates of completion are valid for 4 years. **Additional Pages may be attached for laboratory members as needed.**

Laboratory Members	Safety Seminar (Date attended)	Training (Date completed)
PI:		

\*\*\*\*\*

The information contained in this registration is accurate and complete. I am familiar with and agree to abide by the provisions of the current *NIH Guidelines*, *CDC biosafety recommendations*, TWU policies and safety standards, and local, state, and federal regulations pertaining to the proposed project.

In addition, I agree to abide by the following requirements:

- ☐ I will initiate no recombinant DNA/biohazardous research subject to the *NIH Guidelines* until that research has been reviewed and approved/registered with the IBC.
- ☐ I will follow appropriate biosafety-level laboratory techniques in the research.
- ☐ I will comply with all shipping requirements for recombinant DNA and biohazardous agents as outlined in Appendix H of the *NIH Guidelines*.
- ☐ I will post and make available to laboratory members copies of the approved safety protocols that describe the potential biohazards and the precautions to be taken.
- ☐ I will train laboratory members in good microbiological practices and techniques required to ensure safety for this project, in the procedures for dealing with accidents, and in waste management procedures.
- ☐ I will ensure that laboratory members receive all required training.
- ☐ I will supervise laboratory members and correct work errors and conditions that could result in breaches of the *NIH Guidelines* and TWU policy.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Chair, Associate Dean, or Director

\_\_\_\_\_  
Date

This project is **exempt** per the NIH Guidelines.

IBC Approval Number: \_\_\_\_\_

Signature of TWU IBC Chair: \_\_\_\_\_

Date: \_\_\_\_\_