

## POTENTIALLY HAZARDOUS BIOLOGICAL AGENTS RESEARCH FORM (6A)

***This form is required for all research involving microorganisms, rDNA and virus. Local IRB (Institutional Review Board) and/or IACUC (Institutional Animal Care and Use Committee) or IBC (Institutional Biosafety Committee) approval required prior experimentation.***

Project title:

Student(s)'s name(s):

### **To be completed by Student Researcher in collaboration with the Qualified Scientist or Designated Supervisor:**

(ALL questions must be answered, attach extra pages if it is necessary)

- 1) Identify biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each biological agent: (see Ministerial Ordinance 2.349, of 9/14/2017 of the Ministry of Health)
- 2) Describe the laboratory in which the experimentation will be conducted (including the level of biological containment):
- 3) Describe the disposal methods you intend to use for all cultured materials and other biological agents:
- 4) Describe the procedures that will be used to minimize risk (PPE's, etc.):

### **To be completed by Qualified Scientist (QS) or Designated Supervisor (DS):**

- 1) What sort of training did the student receive for this project?
- 2) Do you concur with the biosafety information provided by the student researcher?  
( ) Yes  
( ) No. Please, explain:

Signature: \_\_\_\_\_

CQ or DS's printed name:

Date:

- 3) Include form 2 - Qualified Scientist - completed and signed.

#### **TO BE COMPLETED BY IRB PRIOR EXPERIMENTATION:**

( ) The IRB has carefully studied this project's **Research Plan** and the risk level assessment above and approves this study as a **BSL-1** study which must be conducted at a **BSL-1** or above laboratory.

( ) The IRB has carefully studied this project's **Research Plan** and the risk level assessment above and approves this study as a **BSL-2** study which must be conducted at a **BSL-2** or above laboratory.

Signature: \_\_\_\_\_

Name:

Approval date:

#### **TO BE COMPLETED BY IRB PRIOR EXPERIMENTATION AT BSL-2 OR ABOVE LABORATORY WITH INSTITUTIONAL PRE-APPROVAL:**

This project was reviewed and approved by the appropriate institutional board (e.g., local IBC, IACUC, etc.) prior experimentation at a **BSL-2 laboratory (or above)** and complies with the Research Rules. The required institutional forms are attached.

Signature: \_\_\_\_\_

Printed name:

Approval Date: