

**NSU Institutional Biosafety Committee (IBC)**

**Biosafety Approval Form**

**IBC Review Code: 2022/OR-NSU/IBC/\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Project title: |  | | |
| Principal Investigator | |  | |
| Department |  | | |
| Phone | | NSU extn. | Email: |
|  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Overall Biosafety Assessment** | **Yes** | **No** | **N/A** |
| Does this project need approval from NSU IBC? |  |  |  |
| **If yes, proceed to the following questions** |  |  |  |
| Does the proposal clearly state the biosafety issues? |  |  |  |
| The facilities used in these activities have been previously inspected by the Institutional Biosafety Officer (IBO) and meet appropriate biological laboratory safety standards? |  |  |  |
| The facilities used in this activity require IBO inspection prior to initiation? |  |  |  |
| The protocol will involve a Material Transfer Agreement (MTA) |  |  |  |
| **Hazard identification** |  |  |  |
| Will this project utilize infectious agents (excluding hosts for recombinant DNA)? |  |  |  |
| Will this project utilize human blood, body fluids or tissues? |  |  |  |
| Will this project utilize non-human primates ́s blood, body fluids or tissues? |  |  |  |
| Will this project involve non-exempt recombinant DNA (rDNA) work? |  |  |  |
| Will whole animals or plants be used as hosts? |  |  |  |
| Will a deliberate attempt be made to obtain expression of a foreign gene? |  |  |  |
| Will a toxin be used? |  |  |  |
| Will prions be used? |  |  |  |
| Is there any chance that genetically modified organisms be released into the environment? |  |  |  |
| Do the experiments pose any threat to other people working in the same laboratory? |  |  |  |
| Does a biohazard sign need to be displayed at the entrance door? |  |  |  |
| **Hazard Control** |  |  |  |
| Does the proposal clearly stated how the potential hazards will be mitigated? |  |  |  |
| Is IBO inspection needed to ascertain proper disposal and decontamination? |  |  |  |

**Biosafety level: \_\_ BSL-1 \_\_ BSL-2**

**Recommendation: \_\_ Approved \_\_ Needs Revision \_\_ Disapproved**

**Reviewer Name:**

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

**Recommendations/ Comment(s):**