**Registration of Human Products Experiments**

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| **SECTION A** Principal Investigator and Personnel Information (please type) | | |
| ***P.I. Name*:** | ***Title*:** | ***Dept*:** |
| ***Phone No*:** | ***Lab Phone*:** | ***Mail code:*** |
| ***Building and Lab Room No(s)*:** | **E-mail:** | |
| ***Title of the protocol:*** | | |
| **Principal Investigator Acknowledgement:**  **I accept responsibility for: (please initial each statement)**  The safe use of human products  All personnel have been informed of potential risks, and proper laboratory practices for working safely with human products and have had or have been given the opportunity for the Hepatitis B vaccination.  Verification of medical insurance for laboratory personnel handling human products.  Reporting any adverse events, such as exposures or injuries, immediately to the Biosafety Office.  The University’s Biological Safety Manual is located at [NSU-OR webpage.](http://www.uh.edu/ehs) This manual must be supplemented with the laboratory’s safety plan and must include special practices when working with human products. Also, all laboratory personnel must be familiar with safe handling practices (e.g., training with proof of training).  \_ \_ \_ Principal Investigator (signature) Date  \_ Institutional Biosafety Officer (signature) Date  Please send Registration to: Institutional Biosafety Officer (IBO), North South University, Office of Research-NSU.  Email- [bio.safety@northsouth.edu](mailto:bio.safety@northsouth.edu) | | |

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| **Section B** Experimental Design |
| Briefly describe experimental design: |
| Types of Manipulations:   * Centrifugation  Bleeding/Mixing  Dissection  Sonication * Pipetting  Other |
| Type of human products manipulated:   * Cell lines  Blood  Tissues  Urine  Feces  Other - |
| Origin of samples: |
| How long will samples be maintained? How much sample will be maintained at any given time? |
| Are samples infected with a pathogen?   * No  Yes If yes, please list |
| Is the project registered with the Institutional Review Board (IRB)?  No  Yes IRB protocol# IRB date of approval: |

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| **Section C** Safety Plan |
| Training Plan: |
| Personal Protective Equipment (PPE) Required:   * Lab coat Gloves  Goggles  Safety glasses  Closed-toe shoes * Long pants * Respirator (specify)  Face mask * Other |
| Containment Equipment:  *Is containment equipment available in the laboratory?*  No  Yes |

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| *Containment equipment used for this project:*   * Biological Safety Cabinet Location: Last Certified: * Fume Hood  Containment Centrifuge  Other |
| Handling of Biohazardous Waste: Liquid-  Solid-  Spill Cleanup Procedures: |
| Will the samples be shipped?  No  Yes |
| Will samples be transported between laboratories or outside University?  No  Yes Hepatitis B vaccination offered to laboratory personnel (if applicable)?  No  Yes |