



# Biological Safety Program

## Bloodborne Pathogens Program

Form

### Registration of Materials (Potentially) Infectious for Humans

The Department of Environmental Health & Safety (EHS) and the Institutional Biosafety Committee (IBC) maintain a registry of laboratories working with potential human pathogens or human blood, body fluids, or tissue. For purposes of this registration, a potential pathogen is defined as any microorganism known to cause or is suspected of causing infection in humans.

The Principal Investigator (PI) is responsible for completing the pertinent parts of this registration document and sending it to the IBC and EHS for review prior to the beginning of the work.

The PI is also responsible for notifying EHS when work with the microorganism is terminated or when significant changes occur, such as relocation of the laboratory or introduction of a new potential pathogen. EHS conducts random surveys of registered laboratories to review practices and procedures involved in this research. This survey is not intended to take the place of the responsibility of the PI in supervising the daily work with the pathogen. **Note: Return the completed form to IBC Chair and EHS.**

<b>PART A: (To be completed for each laboratory)</b>	
PI Name:	Phone:
Department:	Email:
Building:	Laboratory Room(s) involved:
<b>PART B: (To be completed by laboratories handling potential human pathogens)</b>	
Specify Organism(s)/Strain(s):	
Is antibiotic resistance expressed? <input type="checkbox"/> No <input type="checkbox"/> Yes; Specify: _____	Other markers?
Largest volume of organism cultured	Is a toxin produced? <input type="checkbox"/> No <input type="checkbox"/> Yes Work with toxin? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you concentrate the organism? <input type="checkbox"/> No <input type="checkbox"/> Yes; Select Methods:	<input type="checkbox"/> Centrifugation <input type="checkbox"/> Precipitation <input type="checkbox"/> Filtration <input type="checkbox"/> Other; Specify: _____
Is organism inactivated prior to other laboratory manipulations? <input type="checkbox"/> No <input type="checkbox"/> Yes; Select Methods:	<input type="checkbox"/> Heat <input type="checkbox"/> Chemical <input type="checkbox"/> Other; Specify: _____
Is organism injected into animals? <input type="checkbox"/> No <input type="checkbox"/> Yes; Specify Animal(s): _____ List IACUC Approval No. and Date: _____	
Containment equipment available: Biological Safety Cabinet <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III Does Biological Safety Cabinet have current certification? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Chemical Fume Hood <input type="checkbox"/> Containment Centrifuge <input type="checkbox"/> Other; Specify: _____	
I accept responsibility for the safe conduct of work with this organism at Biosafety Level __ (indicate appropriate level) and have informed all personnel who may be at risk of potential exposure to the organism of the conditions of this work.	
Signature, Principal Investigator	Date
Signature, Department Chair	Date

**PART C: (To be completed by laboratories handling human blood, tissues, or fluids)**

<p><u>Human samples manipulated:</u></p> <p><input type="checkbox"/> Blood    <input type="checkbox"/> Spinal Fluid  <input type="checkbox"/> Feces    <input type="checkbox"/> Unfixed Tissues  <input type="checkbox"/> Semen    <input type="checkbox"/> Urine  <input type="checkbox"/> Serum    <input type="checkbox"/> Other; Specify: _____</p>	<p><u>Type of manipulations:</u></p> <p><input type="checkbox"/> Blending/Mixing    <input type="checkbox"/> Pipetting  <input type="checkbox"/> Centrifuge    <input type="checkbox"/> Sonication  <input type="checkbox"/> Dissection    <input type="checkbox"/> Other, Specify: _____</p>
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Received:    Informed Consent Document     Material Transfer Form

Containment equipment available: Biological Safety Cabinet  Class I     Class II     Class III

Does Biological Safety Cabinet have current certification?     No     Yes

Chemical Fume Hood     Containment Centrifuge     Other; Specify: \_\_\_\_\_

I accept responsibility for the safe conduct of work with the above-mentioned human blood, body fluids, and/or tissues using Biosafety Level 2 practices and procedures. I have informed all personnel who may be at risk of potential exposure to these materials of the appropriate procedures for this work.

Signature, Principal Investigator	Date
Signature, Department Chair	Date

**Part D: (List the potential risks associated with the research and the safety precautions utilized to address those risks)**

**Potential Risks:**

  
  
  
  
  
  
  
  
  
  

**Safety Precautions:**

**PART E: (To be completed by the IBC and EHS)**

Reviewer's Comments:

Parts A, B, and D of this registration document were reviewed by the IBC on \_\_\_\_\_ and work can proceed in a BSL- \_\_\_\_\_ facility using BSL- \_\_\_\_\_ practices and procedures.

Signature, IBC Chair	Date

**PART F: (To be completed by EHS upon notification that this work is terminated.)**

This registration document is inactivated by the signature of the authorized representative on the date listed below:

Signature, Biological Safety Officer/EHS Representative	Date