



Institutional Biosafety Committee
Protocol for Research Involving Biological Hazards
and Chemical Safety Review

I. INVESTIGATOR / PROJECT INFORMATION **Protocol No. 000**

Investigator: _ Position:
Division: Phone: Email:
(If more than one department, note primary affiliation only.)

Location(s) of Proposed Research (Bldg. Rm.):

Title of Protocol:

Co-Investigators:

New Protocol Amendment _ *If amendment, original protocol No.:*

Any amendments (or other changes) to this protocol must be reported to the IBC.

Is this protocol part of an external funded project:

*If **Yes**, please complete the following section:*

Agency:

Grant/contract proposal title:

Proposed dates of project:

PI for grant or contract: (If different from investigator responsible for this protocol)

II. Protocol Overview

Provide a brief summary of the proposed research.

III. BIOHAZARDOUS BIOLOGICAL MATERIAL(S)

A. Recombinant DNA

Does this research involve the use of recombinant DNA?

Name of agent:

Nature of inserted DNA sequences:

Source(s) of DNA (organisms):

Vector(s) (Please attach specific maps.)

Host(s):

Will a deliberate attempt be made to obtain expression of a foreign gene?
If yes, what protein will be produced?

B. Infectious Agents

Does this research involve the use of infectious or genetically altered organisms other than rDNA?

C. Toxins: Does this research involve the use of toxins?

If yes, please list agent(s):

D. NIH/CDC Biological Safety Level

1. Potential Dangers: Please list each biological hazard and its pathway (i.e., skin contact, inhalation, ingestion inoculation).

2. Safeguards: Please describe the safety precautions required to alleviate these potential hazards: (i.e., physical and biological containment, protective equipment, specific disposal procedures, and specific staff training requirements).

IV. HAZARDOUS (CARCINOGEN/ TOXIC SUBSTANCES) CHEMICAL INFORMATION

Does this procedure involve the use of particularly hazard/carcinogenic chemicals?

If Yes, please provide MSDS's (material safety data sheets) and the following information.

A. List Chemical Name(s) and attach any relevant MSDS's or SOP (Standing Operating Procedures).

B. Potential Dangers: Please list each potential danger and its pathway (i.e., skin contact, inhalation, ingestion inoculation.)

C. Safeguards: Please describe the safety precautions required to alleviate these potential hazards: (i.e., physical and biological containment, protective equipment, specific disposal procedures, and specific staff training requirements).

V. TRANSFER OF HAZARDOUS MATERIAL FROM YOUR LABORATORY

A. Does this research require transfer of hazardous materials to the following Core Facilities?

Histopathology & Tissue
Flow Cytometry / Cell Sorting
Cytogenetics
Tissue Culture
Microscopy & Images
LAF (Animals)*

Elsewhere outside your immediate laboratory? Please elaborate:

B. Does this research require the use of biohazardous biological materials or hazardous chemicals in animals?

Please attach a description of Potential Dangers and Safeguards relevant to the animal colony, laboratory, and LAF personnel [rDNA, Infectious Agents and Haz/Carcinogenic Chemicals].

Does the research involve the creation of transgenic animals? If so, please describe potential hazards that these animals may pose to personnel and/or environment.

IUACUC Protocol Number, (if available)

ABSL (Animal Bio-safety Level) to be employed for Animal Research:

FOX CHASE CANCER CENTER

IBC - Protocol for Research Involving Biological Hazards and Chemical Safety Review

Protocol Number: 000

Title of Protocol:

Protocols for all research involving Biological Hazards must be submitted to the Institutional Biosafety committee (IBC) for review.

For purposes of the IBC, Biological Hazards include:

A) Recombinant DNA, B) Infectious Agents, and C) Hazardous/Carcinogenic Chemicals.

Research protocols involving the use of any of these entities must contain a detailed description of potential danger(s) posed by the agent(s), and a summary of safeguards, training, and procedures which will be employed to protect both laboratory personnel and the Center community.

Center community.

Will this Protocol involve the use of:

- Human Subjects **(1)** (*Clinical Trials*)
- Animals **(2)**
- Radioactive Materials **(3)**
- Recombinant DNA
- Infectious Agents
- Hazardous/Carcinogenic Chemicals

(1) For research involving Human Subjects, IRB [prior] approval must be demonstrated.

(2) For research involving Animals, a copy of this protocol must also be submitted to the IACUC.

(3) For research involving Radioactive Materials or Radiation Producing Equipment (i.e., Irradiator, linear accelerator and / or x-ray equipment), a copy of this protocol must also be submitted to the Radiation Safety Office.

This application must be completed in full and signed by the Principal Investigator.

If items are not applicable, please note (N/A).

Completed forms should be emailed to SAFETY OFFICE: Regulatory Compliance Office, IBC Secretary

Reimann Building, Room R281

Phone: (215) 728-2573 Fax: (215) 728-3574

ACKNOWLEDGMENT

The undersigned investigator is responsible for providing training and enforcing governmental regulations regarding laboratory safety for all persons who work under his/her direction. The investigator is also responsible for insuring that co-investigators and other laboratory workers, if any, employ necessary safeguards to protect laboratory personnel students and the public from potential hazards posed by this project.

Please be advised that under current regulatory guidelines, strict penalties and fines may be levied against the Fox Chase Cancer Center for conducting research without an approved protocol.

Investigator: I acknowledge that I am employing the NIH/CDC Biosafety Level indicated in the preceding protocol, and I understand my responsibilities with regard to laboratory safety and certify that the protocol as approved by the IBC will be followed during the period covered by this research project. Any further changes will be submitted for IBC review and approval to implementation.

Investigator: Date:

Chair: I have reviewed the above protocol and approve its submission to the IBC.

Chair: Date:

IBC Use Only: Received:

Reviewed:

Preliminary Approval:

Conditional Approval: ;

Final Approval:

Chairman Approval: Date:

Additional Information submitted by investigator

