REGISTRATION FORM
INSTITUTIONAL BIOSAFETY COMMITTEE
Activities Involving PATHOGENIC MICROORGANISMS

January 2010

IBC USE ONLY: Received _____ Approved _____ Level _____

Signature _____

P.I. Name_____ Department_____
e-mail _____ Telephone_____
Project title _____ Start date_____

1) Organism name: _____

2) Type: ☐ Bacterial ☐ Fungal ☐ Parasitic ☐ Rickettsial ☐ Viral

3) Risk group: ☐ RG-1 ☐ RG-2 ☐ RG-3 ☐ RG-4

4) Recommended biosafety level: ☐ BSL-1 ☐ BSL-2 ☐ BSL-3 ☐ BSL-4

5) Applicable section of CDC guidelines
http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm
section _____ appendix _____
section _____ appendix _____

Applicable section of NIH guidelines
http://oba.od.nih.gov/rdna/nih_guidelines_oba.html
section _____ appendix _____
section _____ appendix _____

Other applicable source(s):

_____

6) Is health surveillance recommended for project personnel?
☐ No
☐ Yes; description:_____

_____

7) Location of activities (building and room number(s)): _____

8) Names and roles of all project personnel: