

Registration of Research with INFECTIOUS AGENTS, PATHOGENS, OR BIOLOGICAL TOXINS

Rev 06/16

RETURN ORIGINAL FORM TO: Johns Hopkins Biosafety Office
2024 E. Monument Street, Room B-200
Baltimore, MD 21287
410-955-5918 (FAX) 410-955-5929
ibc@jhu.edu

JH IBC# _____
 DATE _____
 BIOSAFETY LEVEL _____
 ACTION _____
HSE Use Only. Do not write in this space.

Principal Investigator (must see * below):		JH-Badge/ID Number**:
Academic Title:	Email Address:	
Department:	Division:	
Office Address:	Lab Address:	
Office Phone:	Office Fax:	
Type of Material Being Registered: <input type="checkbox"/> Infectious Agent <input type="checkbox"/> Pathogen <input type="checkbox"/> Biological Toxin (toxin of biological origin)		
Name of Material:		
Source of Material:	Repository: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Strain, Genotype, or Vendor Catalog Number if Applicable:	Freezer Serial No: _____	
<input type="checkbox"/> Check if non-Baltimore Site and Indicate Location:		Location:

1. Is agent/material a potential human, animal, or plant infectious agent, pathogen or toxin? Human Animal Plant N/A
 If a toxin is LD₅₀ greater than 100 nanograms per kilogram body weight? No Yes
2. Do you work with quantities greater than 1 liter? No Yes - largest volume anticipated: _____ Liters
3. Do you inactivate the agent/material prior to other laboratory manipulations? No Yes N/A
 Inactivation Method(s) Used: Heat Chemical Radiation Other: _____
4. Do you concentrate the agent/material? No Yes
 Method(s): Centrifuge Filtration Precipitation Other: _____
5. Do you insert this agent/material into intact animals? No Yes, Species: _____
 Location of animal housing: _____
 Have all staff who may come into contact with animals been enrolled in the Animal Exposure Surveillance Program (AESP)?
 Yes No N/A (If no, please note that this requirement must be met per Johns Hopkins policy).
6. Biosafety containment level required: BSL1 BSL2 BSL3 BSC Serial # _____
7. Do you request biological monitoring or medical surveillance? Yes No
8. Please list all individuals involved in the project who may come into contact with these materials. List any core facilities or labs that will be used, but do not list individual staff members of these groups unless you are filing this form to register such an entity.

Name	Email or other Contact Address	JH-Badge/ID Number **

9. Please attach a brief overview of the proposed research containing sufficient information to ensure adequate review of the protocol to determine compliance with the JH Biosafety Program, local, state and federal regulations. Required information to include:
 - a) The nature and purpose of the research.
 - b) Key features of the bacteria, virus, viral vector, toxin, or other potentially pathogenic agent you are registering with this form.
 - c) An outline of procedures/techniques to be employed (e.g., propagation of the agent, cell culture, nucleic acid isolation, FACS, etc).
 - d) Identify known & potential hazards associated with this material (e.g., bloodborne pathogens, known or potential disease states associated with the material, the use of sharps, hazardous materials, procedures that may aerosolize the material, etc).
 - e) Specifically describe safe practices, equipment, facilities, and training used to protect staff from hazards in "d" above.
 - f) Specifically describe methods of inactivation & disposal of the material and any associated contaminated materials generated.

As Principal Investigator, I accept responsibility for the safe conduct of work with this material. I will ensure that all personnel receive training on proper safety practices and personal protective equipment that are needed for this work.

Signature (Principal Investigator): _____ Date: _____

*Post-doctoral fellows, research associates, & instructors require co-signature of Department Chair and Laboratory Sponsor (If applicable).
 **JH Badge/ID number is the number on your ID card. Contact the Biosafety Office if you are unsure of your ID number.