

**Registration of Research Involving
HUMAN TISSUES, CELL LINES, AND/OR BODY FLUIDS**

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 _____
BIO SAFETY LEVEL _____
ACTION _____
<i>HSE Use Only. Do not write in this box.</i>

Principal Investigator (see * below): _____		JH-Badge/ID Number**: _____
Academic Title: _____	Email Address: _____	
Department: _____	Division: _____	
Office Address: _____	Lab Address: _____	
Office Phone: _____	Office Fax: _____	
Type of Human-derived Material (check all that may apply):		
<input type="checkbox"/> Tissue(s) <input type="checkbox"/> Body Fluids <input type="checkbox"/> Cell Lines <input type="checkbox"/> Other (please specify): _____		
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: _____	

- Do you work with quantities greater than 1 liter? No Yes - largest volume anticipated: _____ liters
- Do you inactivate the material prior to other laboratory manipulations? No Yes
 Inactivation Method(s) Used: Heat Chemical Radiation Other: _____
- Do you concentrate the material? No Yes
 Method(s): Centrifuge Filtration Precipitation Other: _____
- Do you insert this material into live 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).
- Human-derived material should be handled in the clinic with standard precautions and in the research laboratory at a minimum of biosafety level 2 containment. Please check the appropriate box(es) for your work: Standard Precautions BSL2 BSL3
- Please list all staff 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**

- If this registration is for clinical studies only, check this box and submit the form. You do not need to complete question 9.
- If this registration is for research lab manipulations only, check this box and complete question 9 below. If you wish to obtain a clinical studies registration AND a research lab registration, check both boxes above and complete question 9 below.
- 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:
 - The nature and purpose of the research.
 - Describe key features of the material used in this project.
 - An outline of procedures and techniques to be employed (e.g., cell culture, DNA, RNA, or protein isolation, flow cytometry, etc).
 - 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).
 - Specifically describe safe practices, equipment, facilities, and training used to protect staff from hazards in "d" above.
 - 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 annual bloodborne pathogen training as required by Johns Hopkins policy and the OSHA Bloodborne Pathogen Standard as well as 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.