

UNIVERSITY OF DELAWARE



**BIOLOGICAL MATERIAL REGISTRATION FORM**

Information on biosafety is available on the Occupational Health & Safety web page at <http://www.udel.edu/OHS/biosafety.html>. This includes all pertinent policies and biosafety references.

1. Principal Investigator: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Title of Project: \_\_\_\_\_
5. *Please attach an abstract of the work being performed.*
6. Labs to be used for work: \_\_\_\_\_
7. List of individuals participating in work, including job title:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
8. Agents to be used:  Bacteria  Fungi  Viruses  Rickettsiae  Parasites
9. Specimens to be used (blood, tissues, excreta, body fluids, etc.): \_\_\_\_\_  
\_\_\_\_\_
10. List human diseases caused by the agents and/or diseases that may impact plants/animals in the environment: \_\_\_\_\_  
\_\_\_\_\_
11. Biosafety level (circle one): 1 2 3

12. List source of the agents (where purchased, etc.) \_\_\_\_\_  
\_\_\_\_\_
13. Will you use a vortex, blender, centrifuge, or any other aerosol-generating equipment with the microorganisms? \_\_\_\_\_  
\_\_\_\_\_
14. Will you use a biosafety cabinet? YES  NO  or  
laminar flow bench? YES  NO   
If so, give location: \_\_\_\_\_
15. Describe techniques, equipment and procedures to ensure containment of the microorganisms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Will you use an autoclave? YES  NO   
If yes, give location: \_\_\_\_\_  
Is effectiveness verified? How? \_\_\_\_\_
17. Will animals be used in work? YES  NO  If yes, what?  
\_\_\_\_\_
18. Will tissue cultures be used? YES  NO  1°  2° . If yes, what cell types? \_\_\_\_\_  
\_\_\_\_\_  
Do any of these cells harbor latent viruses? \_\_\_\_\_
19. Will recombinant DNA be used? YES  NO . If yes, please complete a Registration Document for Recombinant DNA Research.

20. List personal protective equipment to be used:

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21. Methods to decontaminate equipment and work area:\_\_\_\_\_

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22. Waste disposal procedures:\_\_\_\_\_

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23. Will agents be shipped or transferred anywhere? YES  NO

Where?\_\_\_\_\_

24. Do you possess any USDA or CDC permits for your work? YES  NO

If yes, please attach a copy to this form.

I certify all work will be done in accordance with University of Delaware policies and the CDC/NIH “Biosafety in Microbiological and Biomedical Laboratories.” Occupational Health & Safety must be notified prior to any major changes in the work being performed by the research group.

*Signature of Investigator:*\_\_\_\_\_

*Date:*\_\_\_\_\_

Biosafety Officer Review:\_\_\_\_\_

Date:\_\_\_\_\_