



Registration of Materials Potentially Infectious for Humans

The Department of Environmental Health & Safety (EHS) and the Institutional Biosafety Committee (IBC) maintain a registry of laboratories working with potential human pathogens and human blood, body fluids, or tissue. For purposes of this registration, a potential pathogen is defined as any microorganism known to cause or is suspected of causing infection in humans.

The Principal Investigator (PI) is responsible for completing the pertinent parts of this registration document and sending it to the IBC and EHS for review prior to the beginning of the work.

The PI is also responsible for notifying EHS when work with the microorganism is terminated or when significant changes occur, such as relocation of the laboratory or introduction of a new potential pathogen. EHS conducts random surveys of registered laboratories to review practices and procedures involved in this research. This survey is not intended to take the place of the responsibility of the PI in supervising the daily work with the pathogen.

PART A (To be completed for each laboratory)	
PI:	Telephone:
Department:	Email:
Building:	Laboratory Room(s) involved:
*Please include a short (1-page or less) description of your research plan with this document.	
PART B (To be completed by laboratories handling potential human pathogens)	
Specify Organism(s)/Strain(s):	
Is antibiotic resistance expressed? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	Other markers?
Largest volume of organism cultured:	Is a toxin produced? <input type="checkbox"/> No <input type="checkbox"/> Yes Work with toxin? <input type="checkbox"/> No <input type="checkbox"/> Yes
Do you concentrate the organism? <input type="checkbox"/> No <input type="checkbox"/> Yes; Specify Method(s): _____	<input type="checkbox"/> Centrifugation <input type="checkbox"/> Filtration <input type="checkbox"/> Precipitation <input type="checkbox"/> Other; Specify: _____
Is organism inactivated prior to other laboratory manipulations?	
<input type="checkbox"/> No <input type="checkbox"/> Yes; Specify Method(s): _____ <input type="checkbox"/> Heat <input type="checkbox"/> Chemical <input type="checkbox"/> Other; Specify: _____	
Is organism injected into animals? <input type="checkbox"/> No <input type="checkbox"/> Yes; Specify animal(s): _____	
IACUC Approval No. and Date:	
<u>Containment equipment available</u>	
Biological Safety Cabinet <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III	
Does Biological Safety Cabinet have current certification? <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Chemical Fume Hood <input type="checkbox"/> Containment Centrifuge <input type="checkbox"/> Other (Specify: _____)	
I accept responsibility for the safe conduct of work with this organism at Biosafety Level _____ and have informed all personnel who may be at risk of potential exposure to the organism of the conditions of this work.	
Principal Investigator (signature)	Date
Department Chair (signature)	Date

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PART C (To be completed by laboratories handling human blood, tissues, or fluids)	
<u>Human samples manipulated:</u> <input type="checkbox"/> Blood <input type="checkbox"/> Spinal Fluid <input type="checkbox"/> Serum <input type="checkbox"/> Semen <input type="checkbox"/> Urine <input type="checkbox"/> Unfixed Tissues <input type="checkbox"/> Feces <input type="checkbox"/> Other; Specify _____	<u>Type of manipulations:</u> <input type="checkbox"/> Centrifuge <input type="checkbox"/> Pipetting <input type="checkbox"/> Sonication <input type="checkbox"/> Dissection <input type="checkbox"/> Blending/mixing <input type="checkbox"/> Other; Specify _____
Received: <input type="checkbox"/> Informed Consent Document <input type="checkbox"/> Material Transfer Form	
<u>Containment equipment available:</u> Biological Safety Cabinet: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III Does Biological Safety Cabinet have current certification? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Chemical Fume Hood <input type="checkbox"/> Containment Centrifuge <input type="checkbox"/> Other; Specify: _____	
I accept responsibility for the safe conduct of work with the above-mentioned human blood, body fluids and/or tissues using Biosafety Level 2 practices and procedures. I have informed all personnel at risk of exposure to these materials of the appropriate procedures for this work.	
_____ Principal Investigator (signature)	_____ Date
_____ Department Chair (signature)	_____ Date
Part D (List the potential risks associated with the research and the safety precautions utilized to address those risks)	
Potential Risks: 	
Safety Precautions: 	



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PART E (To be completed by the IBC and EHS)

Reviewer's Comments:

Parts A, B and D of this registration document were reviewed by the IBC on _____ and work can proceed in a BL _____ facility using BL _____ practices and procedures.

IBC Chair (signature)

Date

PART F (To be completed by EHS upon notification that this work is terminated)

Date Registration Document Inactivated _____

By: _____
Biological Safety Officer/EHS Representative