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| **University of Mississippi**  **IBC Project Registration Form** | | | | |
| **Instructions:**  For any research proposal involving recombinant DNA, or organisms pathogenic to humans, animals, or plants, this Memorandum is required at the time of proposal submission and prior to conducting the subject research. Complete and submit this form to the Institutional Biosafety Committee([ibc@olemiss.edu](mailto:ibc@olemiss.edu)) from the PI’s email address (or copy the PI). | | | | |
| **1.** **Principal Investigator:** | **Position Title:** | | **Sponsoring Faculty Member:**   (if applicable) | |
| **Department:** | **Location of Proposed Research:** | | **Duration of Proposed Research:** | |
| **2. Project Title:** | | **3. Sponsoring Agency:** | | |
| **4. Provide a brief description of the project.**  Click or tap here to enter text. | | | | |
| **5. Does the project involve:** (check if applicable) | Recombinant DNA molecules - answer questions 6 & 7 | | | |
| Organisms pathogenic for humans, plants, or animals – answer question 8 | | | |
| Human blood, fluids or tissues – answer question 8 | | | |
| **6. Describe the main types of recombinant DNA molecules to be used or constructed (drawings or tables may be included) and respond to the following questions:**   * Will any harmful toxin be produced in the conduct of this research? * Are plasmids, phage strains, or *E. coli* strains which have been disarmed being used?   Click or tap here to enter text. | | | | |
| **7. Describe the levels of physical and biological containment to be used, indicating the relevant sections of the *Biological Safety Manual* which were used to assign these levels.**  Click or tap here to enter text. | | | | |
| **8. Describe the levels of physical and biological containment to be used, indicating the relevant sections of the *Biological Safety Manual* or other published source of information. If appropri­ate, indicate what monitoring of personnel exists.**  Click or tap here to enter text. | | | | |
| **9. Personnel Working on this project:** | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Department** | **Phone** | **Email** | **Role during project**  [Be specific. An “X,” or “Yes” is not an acceptable description of personnel responsibilities.] | **Describe specific training & expertise**  [Identify trainer and include brief outline of expertise/ qualifications of person to train others.] | | **Conduct Experimental Procedures**  [Surgery, blood draws, etc.] |  | | PI |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | | | | | |
| Statements of Principal Investigator | | | | |
| I have read the appropriate guidelines for this research and agree to comply with their provisions.  I understand that the Institutional Biosafety Committee will assess the facilities and procedures.  I agree to notify the committee of any significant changes in the construction or use of recombinant  DNA molecules, pathogenic organisms, human blood or human blood products. | | | | **YES**  **NO** |
| I have completed biological safety training and assume responsibility for supervising the safety  performance of the laboratory staff and to ensure that the laboratory staff has received proper  training in the practices and techniques required to carry out this research. This training was  carried out under the direction and supervision of the Department of Health and Safety of The University of Mississippi. | | | | **YES**  **NO** |
| Signatures | | | | |
| **Principal Investigator** Click or tap here to enter text. **Date:** Click or tap to enter a date. | | | | |
| **Institutional Biosafety Committee Representative** **Protocol number:** | | | | |
| Action Taken: | □ Approved: Click or tap to enter a date. Expiration Date: Click or tap to enter a date. | | | |
| □ Disapproved (see attached comments) | | | |