

**University of Kentucky  
Institutional Biosafety Committee**

**INFECTIOUS AGENT REGISTRATION FORM**

If you plan to use any infectious agent\* at a University of Kentucky facility, you must submit this form PRIOR to initiating your work. **ALL** infectious agent work must be registered with the Institutional Biosafety Committee. Some infectious agent work must also have IBC approval. Submit the completed form (including lab specific safety and spill protocols), project summaries (lay and scientific), and experimental protocol via e-mail to the University's Biosafety Officer, Marcia Finucane, [mfinu2@email.uky.edu](mailto:mfinu2@email.uky.edu). The BSO will notify you when you may start work and if your project requires IBC approval. Please call the BSO at 859-257-1049 with questions or comments. **DO NOT SUBMIT HARD COPIES UNTIL THE BSO HAS REVIEWED YOUR PROTOCOL WITH YOU.** For the Summer & Fall terms, 2003, the IBC generally meets the 2<sup>nd</sup> Wednesday of the month (6/11/03, 7/16/03, 8/13/03, 9/10/03, 10/8/03, 11/12/03, 12/10/03). **Completed** applications **MUST** be submitted at least two weeks before a meeting to be considered. (revised 6/20/03)

\*Infectious agent is used broadly to apply to agents that infect humans, animals, plants, or insects.

**SECTION I - GENERAL INFORMATION**

Principal Investigator: \_\_\_\_\_

Department: \_\_\_\_\_

Room Number & Bldg. \_\_\_\_\_

Speed Sort #: \_\_\_\_\_

Telephone: \_\_\_\_\_ e-mail address: \_\_\_\_\_ FAX number: \_\_\_\_\_

Title of Project:: \_\_\_\_\_

Lab Location Room Number & Building (where work will be performed):

\_\_\_\_\_

Do you have a copy of the CDC/NIH booklet *Biosafety in Microbiological and Biomedical Laboratories*, 4th edition?    ☐ yes    ☐ no

Do you currently use biohazard signs?    ☐ yes    ☐ no

If yes, how?    ☐ Lab entrance  
                          ☐ Storage areas (refrigerators, freezers)  
                          ☐ Work areas (biosafety cabinet, incubators)  
                          ☐ Other (please specify) \_\_\_\_\_

Are the biohazards identified on these signs?    ☐ yes    ☐ no

List all employees and students conducting the experiments (Please ensure that each lab worker has reviewed the Laboratory Safety Manual, Appendix 1-A, Chemical Hygiene Plan):

Name	Title

## SECTION II - MICROBIOLOGICAL AGENT USE

Check here if this section  
does not apply ☐

Please complete one page for each infectious agent used (photocopy this page for additional blank pages).

Name and strain of agent: \_\_\_\_\_

This agent is:    ☐ Viral                      ☐ Rickettsial                      ☐ Chlamydial  
                    ☐ Bacterial                      ☐ Fungal Other                      ☐ Parasitic  
                    ☐ Tumor Cell                      ☐ Other

This agent is a (check all that apply):

☐ Human Pathogen                      ☐ Plant Pathogen  
☐ Animal Pathogen (Not Human)                      ☐ Not Indigenous to Kentucky  
☐ Indigenous to Kentucky

Host range: \_\_\_\_\_

Disease or toxin produced: \_\_\_\_\_

Route of spread: \_\_\_\_\_

Virulence (lowest ineffective dose) or toxicity (LD50): \_\_\_\_\_

Host strain(s) used in this study:

Host(s): \_\_\_\_\_

Hosts maintained in (room, bldg.): \_\_\_\_\_

Route(s) of inoculation: \_\_\_\_\_

Will infectious aerosols be generated? ☐ yes ☐ no

This work will be conducted:

☐ on the lab bench                      ☐ in a biological safety cabinet  
☐ in a fume hood                      ☐ in a glove box  
☐ in a clean bench                      ☐ in a clean room  
☐ other (please specify)\*

\*

Biological safety cabinet certification expiration date: \_\_\_\_\_

Biosafety level for project:    ☐ BL1                      ☐ BL2                      ☐ BL3  
   ☐ Unknown                      ☐ None of the above

Is there any vaccination, skin test or other medical prophylactic treatment or medical surveillance necessitated by work with this (these) agent(s)?

☐ yes ☐ no    If yes, please identify. \_\_\_\_\_

### SECTION III - ANIMALS USED IN THIS PROJECT

Check here if this section  
does not apply ☐

If animals are used as part of this project, please answer the following questions.

Species: \_\_\_\_\_  
\_\_\_\_\_

Source:        \_\_\_\_\_ purpose bred animals (bred for research use)  
                  \_\_\_\_\_ random source animals (bought but not bred for research)  
                  \_\_\_\_\_ feral animals (studied in wild or captured for research)  
                  \_\_\_\_\_ domestic livestock used for research purposes

These animals will be used for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Materials administered to animals: \_\_\_\_\_

Quantity administered: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Procedures for disposing of animals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SECTION IV - CELL CULTURE

Check here if this section  
does not apply ☐

Name/Species: \_\_\_\_\_

\_\_\_\_\_

Cell Type: \_\_\_\_\_

\_\_\_\_\_

Usage: \_\_\_\_\_

#### SECTION V – SAFETY PRECAUTIONS

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On a separate page, outline safety precautions taken; spill and work area decontamination procedures; and waste disposal methods used when working with the agents and cultures identified in Section II & III above (attach page to form).

Sample safety procedures can be found here:

<http://www.uky.edu/Services/EHS/hmm/safeprac.html>

Sample spill plan can be found here:

<http://www.uky.edu/Services/EHS/hmm/spill.html>

**SECTION VI - USE OF HUMAN BLOOD/BODY FLUIDS/ISSUES**Check here if this section  
does not apply ☐

The following materials from human source are used (check all that apply):

☐ Blood  
☐ Semen  
☐ Vaginal Secretions  
☐ Cerebrospinal fluid  
☐ Synovial fluid  
☐ Feces  
☐ Urine  
☐ Sweat  
☐ Breast milk

☐ Tissue - Type: \_\_\_\_\_  
☐ Pleural fluid  
☐ Peritoneal fluid  
☐ Pericardial fluid  
☐ Amniotic fluid  
☐ Nasal secretions  
☐ Sputum  
☐ Tears  
☐ Other

List all sources of the materials: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The materials are used for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain any type of treatment the material has undergone prior to receipt (e.g., fixation, testing for viruses). Please list the fixative or specific tests if known.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the method of disposal of the materials and any treatments (e.g., autoclaving) performed prior to disposal.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Principal Investigator**

<b>Typed or Printed Name of Principal Investigator</b>	<b>Date Signed</b>