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| **IACUC Module 8: Biohazards** |
| For use of rDNA, human or animal cells/tissues, or infectious agents in **live animals** |

Instructions:

1. A separate form is needed for **each** biohazard or infectious agent precaution level. If multiple proposed hazards have identical precaution needs, these can be covered in one form. Be sure to list all specific hazards.
2. All investigators must complete sections A, B, and G below. Other sections are to be completed as indicated. Include this Module with your IACUC protocol document.
3. The Biosafety Officer will review this form and provide notification to you regarding the outcome of the review. The IACUC will await notification of safety approval from the Environmental Health & Safety before granting full IACUC approval to the animal use protocol.

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| **A. Project Information (same as Section A of IACUC protocol form)** |
| **Principal Investigator for Animal Project (PI):** |  |
| **Faculty/Staff Title:** |  |
| **Dept./Institution:** |  |
| **E-mail address:** |  |
| **Office Phone:** |  |
| **Fax #:** |  |
| **Lab Phone:** |  |
| **Emergency contact #:** |  |
| **Personnel using hazardous materials in animals:** |  |
| **Animal Study Title:** |  |

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| **B. Type(s) of Biohazards Proposed for Use in Live Animals** |
| **Yes** | **No** | **Does proposed use of live animals include…** | **If “yes,” complete…** |
|  |  | **Recombinant DNA** administration to animals? | Section C |
|  |  | **Human** cell, tissue, or blood product administration to animals? | Section D |
|  |  | **Animal** cell, tissue, or blood product administration to animals? | Section E |
|  |  | **Infectious agent** administration to animals? | Section F |

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| **C. Recombinant DNA use in live animals** |
| **Yes** | **No** | **Does proposed use of live animals include…** |
|  |  | **Genetic alteration** of animals? This includes the creation of transgenic &/or gene knockout animals. If “yes,” complete the following: Name of affected gene: Function of gene:Module 4 must also be completed to address animal phenotype issues. |
|  |  | **Recombinant DNA** in a virus or bacteria? If “yes,” complete the following: Name of affected gene: Function of gene: |
| **Biosafety Committee (BC) approval is required for both types of work noted above. Please submit a copy of the BC approval for this activity to the IACUC.** |

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| **D. Human** cell, tissue, or blood product use in live animals |
| **BSL-1** | **BSL-2** |  **Biosafety level required for:** |
|  |  | **Transport of material to and from animal facility** |
|  |  | **Inoculation of material into animals** |
|  |  | **Housing of animals following inoculation** |
|  |  | **Handling of housing equipment (cages, water bottles, etc.) after cage changing**  |
|  |  | **Disposal of bedding waste** |
| **Note: All animal carcasses are disposed of as medical waste and are removed for incineration by a licensed medical waste contractor. If pre-disposal decontamination of carcasses is indicated, please contact Environmental Health & Safety.****Environmental Health & Safety approval is required for any BSL-2 of work noted above. Please submit a copy of the approval for this activity to the IACUC.** |

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| **E. Animal** cell, tissue, or blood product use in live animals |
| **Name of material:**(e.g., mouse myeloma line MPC-11) |  |
| **Source of material:** (e.g., ATCC)  |  |
| **Site(s) of material use:** (specify room number(s)) |  |
| **Site(s) of material storage:** (specify room number(s))  |  |
| **Yes** | **No** |  **Background information on materials of animal origin** |
|  |  | The cells/tissues have been/will be **tested and confirmed free** of pathogens. Test results are attached. |
|  |  | The cells/tissues will **not** be tested or are **not** proven free of potential pathogens. Animals inoculated with these materials will be handled and housed in Rodent Quarantine. |

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| **F. Infectious agent** use in live animals |
| **Infectious agent name:**(Genus/species/strain/substrain) |  |
| **Source of agent:** (e.g., ATCC)  |  |
| **Site(s) of agent use:** (specify room number(s) |  |
| **Site(s) of agent storage:** (specify room number(s))  |  |
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| **BSL-1** | **BSL-2** |  **Biosafety level required for:** |
|  |  | **Transport of infectious agent to and from animal facility** |
|  |  | **Inoculation of infectious agent into animals** |
|  |  | **Housing of animals following inoculation with infectious agent** |
|  |  | **Handling of animals following inoculation with infectious agent** |
|  |  | **Handling of housing equipment (cages, water bottles, etc.) after cage changing**  |
|  |  | **Disposal of bedding waste** |
| **Note: All animal carcasses are disposed of as medical waste and are removed for incineration by a licensed medical waste contractor. If pre-disposal decontamination of carcasses is indicated, please contact Environmental Health & Safety.****Environmental Health & Safety approval is required for any BSL-2 of work noted above. Please submit a copy of the approval for this activity to the IACUC.** |

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| **G. Investigator’s Assurance** |
| The information I have supplied above is an accurate description of all procedures involving biohazardous material use in live animals in this project. * I assure that all personnel under my direction will be appropriately oriented to safety procedures & policies and properly trained prior to using hazardous materials in animals.
* I agree that any substantial changes in this protocol must be reviewed and approved by the Institutional Animal Care and Use Committee (IACUC) prior to being instituted.
* I agree to notify the IACUC promptly of any problems relating to animal care or use that arise during the conduct of this study.
* I agree to abide by the animal care and use policies of this institution.

Signature of Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |