

Registration Document for Recombinant DNA Experiments		Please type. Attach additional sheets, if necessary.	RD Number
Principal Investigator's Name			Laboratory Building and Room No.
Organization (<i>Lab/branch name</i>)	ICD	Office Phone No.	Office Building and Room No.

SECTION A. Will the experiments be carried out in *Escherichia coli* or other prokaryotic hosts?

Yes, *Escherichia coli* Yes, other prokaryotic hosts No. (Go on to Section B.)

If "yes," describe the specific host, vector, and DNA to be inserted and briefly describe the objectives of the experiment (include references or appropriate information when necessary).

Relevant section of the NIH Guidelines	Physical containment
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SECTION B. Will the experiments be carried out in eukaryotic cells?

Yes No. (Go on to Section C.)

If "yes," describe the specific host, vector, and DNA to be inserted and briefly describe the nature of the experiment (include references or appropriate information when necessary).

If a viral vector is to be used, will infectious virus be generated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relevant section of the NIH Guidelines	Physical containment
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SECTION C. Will studies include attempts to obtain expression of a foreign gene, other than those used for selection purposes?

Yes No. (Go on to Section D.)

If "yes," what protein?

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SECTION D. List personnel associated with this experiment in Sections A, B, and C, and have them initial by their names to indicate that they have read and understand the nature of these experiments. (Use chart below.)

Name of Personnel	Initials	Name of Personnel	Initials

SECTION E. Will animals be used in any aspect of the described experiment(s)?

Yes No. (Go on to Section F.)

Attach the Animal Research Protocol to this document.

List all the species and locations where animals for the described experiments will be housed.

List the names of those personnel involved with the animal studies, including researchers and caretakers.

SECTION F.

I acknowledge my responsibility for the conduct of this research in accordance with Section IV-B-5 of the NIH Guidelines.

Principal Investigator (signature) _____	Phone No. _____	Building/Room _____
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The laboratory was certified at the BL ____ level of containment on _____	The Registration Document was approved by the NIH Biosafety Committee on _____
NIH Biosafety Officer _____	Chairman, NIH Biosafety Committee _____