

UNT IBC Registration New Submission Instructions

Complete and email to Biosafety@UNT.edu¶

<input type="checkbox"/> New Submission		<input type="checkbox"/> Renewal: Previous IBC#: <input type="text"/>	
Project Title: <input type="text"/>			
PRINCIPAL INVESTIGATOR:	<input type="text"/>	Phone #:	<input type="text"/>
Department:	<input type="text"/>	Cell/emerg. #:	<input type="text"/>
Building, Office Room #:	<input type="text"/>	Email:	<input type="text"/>
Co- INVESTIGATOR:	<input type="text"/>	Phone #:	<input type="text"/>
Department:	<input type="text"/>	Cell/emerg. #:	<input type="text"/>
Building, Office Room #:	<input type="text"/>	Email:	<input type="text"/>
Co- INVESTIGATOR:	<input type="text"/>	Phone #:	<input type="text"/>
Department:	<input type="text"/>	Cell/emerg. #:	<input type="text"/>
Building, Office Room #:	<input type="text"/>	Email:	<input type="text"/>
Project Start Date:	<input type="text"/>	Project End Date*:	<input type="text"/>

*IBC registration will expire on this date or 3 years after IBC approval, whichever comes first, and will need to be resubmitted at that time.¶

For your project title, use the same title as your funding sources. If this is a registration for a previously approved IBC, i.e. a renewal, please include the previous IBC number. Please provide all contact information requested. Note, your registration will expire at your indicated project end date OR 3 years after IBC approval, whichever comes FIRST.

For ALL Yes/No question boxes, click either yes or no or your submission will be returned to you as incomplete.

Section I: SYNOPSIS

This does not have to be your full grant proposal. This should be an explanation of what you will be doing in terms so that people who are not in your field, and possibly not scientists, can get the idea of the work that will be done. The purpose of the IBC registration is to ascertain the work and the risks/benefits of that work and where the work will be conducted.

Section II: CONTAINMENT

This is just a drop-down for the containment level of your work. Choose BSL-1 or BSL-2. You should choose the highest level, if you do some -1 and some -2, choose BSL-2.

Section III: RESEARCH MATERIALS

Only check off those materials, A-K, that you use for this project. Then, you will have to list all of those materials. For example, if you are using cell lines, you would check the box for B., and you would list all of the cell lines you are using and provide the risk groups. Do not just list “cancer cells” or “human cell lines”. Be specific, e.g., HeLa RG2; Jurkat E6-1 RG1; SiHa RG2, etc. (This is important-some cell lines are known to carry pathogens. See the “How to perform a Risk Assessment” on the biosafety website for common tissues/cell lines and their pathogens.). The more identifying information you provide, the better.

Section IV: METHODS

Section A: Check off/add information as appropriate

Section B: If you are using a BSC, which procedures will be done within it? If this is a BSL-2 lab, procedures with biohazardous materials that can produce aerosols should be done within the BSC. This includes vortexing and pipetting biohazardous materials!

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Section C: Transfer or Transport includes from lab to lab and building to building. You need procedures in place to safely and securely transfer materials, even if it is just from LSC-A to LSC-B. Note, (potentially) biohazardous materials must be transported in leak-proof secondary containers.

Section V: SPECIAL CONSIDERATIONS

Select agent and Dual Use Research require special considerations and approvals outside of UNT. Please read the DURC or Select Agent websites carefully and contact the BSO (biosafety@unt.edu) prior to starting ANY of this work.

Section VI: SAFETY

If you are a BSL-2 Lab, you are required to have a Lab-specific Biosafety manual. If you do not have one written, a template that you can modify for your purposes can be provided. Contact biosafety@unt.edu.

Attach and provide any SOPs related to the project. SOPs outlining biosafety procedures, including waste management, should be included.

Select the PPE that you will require lab personnel to utilize.

Click yes/no check boxes for C-E

You must complete a risk assessment for every project. Attach a completed risk assessment to your registration. Risk assessment should detail when/how PPE is utilized. When is eye protection to be utilized? When are gloves worn?

An annual inventory of all biologicals (much like a chemical inventory) is required. Types of bacteria, viruses, toxins, vectors, cell lines, tissues, etc., must all be accounted for.

Section VII: LOCATIONS

Enter the locations where the work will be done. Indicate whether it will be storage, lab, animals, or a greenhouse. Also indicate the biosafety level. If it is storage, indicate what type (temperature). When the BSO inspects, the inspection date will be entered. If you have more than five (5) lab spaces, attach an additional page.

Section VIII: PERSONNEL

A. Enter the PI information. This does not have to be extensive or all-encompassing. Attach a lab-specific training form. This form can be found on the biosafety website under "forms".

B. For all personnel working on the project, add the email, degree, their responsibilities, and experience. For each person, attach a signed lab-specific training form. BSO will verify the date of the online biosafety training.

Section IX: FUNDING

Indicate any funding sources related to this project and their status, both internal and external.

Section X: PERMITS

Indicate any permits related to this project and their status.

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PI-sign and date

Any questions should be directed to biosafety@unt.edu.