

REA Date Stamp

APPENDIX 2: BIOSAFETY COMMITTEE INFORMATION

Principal Investigator: _____
Department: _____
Project Title: _____
Project Number: _____

RDNA Protocol Type **NEW** **RENEWAL** **CONVEYANCE**

RECOMBINANT RNA OR DNA WILL BE USED? **Yes** **No**

If so:

List Source(s) _____

Nature of Sequence: _____

Host or Vectors: _____

Will Gene Expression be used? **Yes** **No** **Recommended Containment Level:** _____

For reviewers use:

Requires full review? **Yes** **No**

Approved by the full committee on _____

Requires expedited review **Yes** **No**

Approved and referred to the full committee by

By _____ **Date:** _____

I request use of the biohazard suite. **Yes** **No**

I will be using the following organism: _____

For Reviewer's use:

Use of the Biohazard suite is **Approved** **Denied**

By _____ **Date:** _____

BIOHAZARDS as regulated by the Center for Disease Control (CDC)

Will CDC select agents be used? **Yes** **No**

CDC Selected VIRUSES

- Crimean-Congo Haemorrhagic Fever Virus
- Eastern Equine Encephalitis Virus
- Ebola Viruses
- Equine Morbillivirus
- Lassa Fever Virus
- Marburg Virus
- Rift Valley Fever Virus

- South American Haemorrhagic Fever Virus
- Tick-Borne Encephalitis
- Variola Major Virus
- Venezuelan Equine Encephalitis
- Viruses causing Hantavirus Pulmonary Syndrome
- Yellow Fever Virus

CDC Selected BACTERIA

- Bacillus anthracis
- Brucella abortus
- Burkholderia mallei
- Burkholderia pseudomallei

- Clostridium botulinum
- Francisella tularensis
- Yersinia pestis

CDC RICKETTSIAE

- Coxiella burnetii
- Rickettsia prowazekii
- Rickettsia rickettsii

CDC FUNGI

- Coccidioides immitis

CDC Selected TOXINS

- Abrin
- Aflatoxins
- Botulinum toxin
- Clostridium perfringens epsilon
- Conotoxins
- Diacetoxyscirpenol

- Ricin
- Saxitoxin
- Shigatoxin
- Staphylococcal enterotoxins
- Tetrodotxin
- T-2 toxin

I am familiar with the requirement for these CDC Select agents to be licensed before research begins and that the license approval takes at least 30 days.

I have submitted the necessary information to EHS in room A 2020

Use of CDC Select agent(s) is Approved Denied

By _____ Date: _____

A copy of my protocol is attached:

Principal Investigator (Signature)

Date