

Middle School - Potentially Hazardous Biological Agents Form (6A)

This form is required for ALL projects involving microorganisms, rDNA, fresh/frozen tissue, blood, blood products and body fluids. SRC/IACUC/IBC approval is required PRIOR to experimentation.

This form is to be completed by the Qualified Scientist/Mentor in collaboration with the Student Researcher/Team Leader. All questions MUST be answered and additional pages may be attached.

Student's Name(s): _____

Project Title: _____

1. Identify ALL of the potentially hazardous biological agents to be used in this experiment. Include where you obtained them, how much you are using and the biosafety level of each one.
2. Where will you be conducting the experimentation? Include the level of biosafety containment available at each site.
3. How will you minimize any risk associated in working with these agents? (What personal protective equipment will you be wearing, what type of hood is being used, will you be sealing the Petri dishes and not opening them, etc.?)
4. The final biosafety level I recommend for this project is: BSL-1 or BSL-2
5. How are you going to dispose of all cultured materials and other potentially hazardous biological agents?
6. What training will the Student Researcher(s) receive?
7. What experience/training does the Designated Supervisor (for BSL-1 studies only) have as it relates to the student's area of research?

Qualified Scientist/Mentor: (check only 1 certification statement below)

- I certify that the experimentation **was not** conducted at a Regulated Research Institution, but was conducted at a (check one) BSL-1 or BSL-2 laboratory. The study has been reviewed by the local or school SRC and the procedures have been approved PRIOR to experimentation. **OR**
- I certify that the experimentation **was** conducted at a Regulated Research Institution and was approved by the appropriate institutional board PRIOR to experimentation. Institutional approval forms are attached. Date of IACUC/IBC Approval: _____ **OR**
- I certify that the experimentation **was** conducted at a Regulated Research Institution that does not require pre-approval for this type of study. The local or school SRC has reviewed that the student received appropriate training and the project complies with the CSEF Middle School rules.

Qualified Scientist's Printed Name

Qualified Scientist's Signature

Date of Acknowledgement (mm/dd/yy)

To be completed by the local or school Scientific Review Committee.

The SRC has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above.

SRC Chair's Printed Name

SRC Chair's Signature

Date of Approval (mm/dd/yy)