



Submission

Type New Revision

Investigator

Name

Type Faculty Staff Post-Graduate

Department

Mailstop

Email

Telephone

Laboratory Head

Location of Work

Project

Title

Start Date

End Date

Physical Containment

BSL1 BSL2

Containment Practices

BSL1 BSL2

Funding

Funding Agency

Agency Award ID

Brandeis Chart String

Protocol Area

Research focus (check all that apply)

- Recombinant DNA, including exempt experiments (Complete attachment A)
- Infectious Agents (complete Attachment B)
- Human blood and tissues (Complete Attachment C)
- Biohazardous Agents (Complete Attachment D)

Personnel

List the name of each person working on this project, the type of training relevant to the project each person has received, and the date of such training. Complete the items related to Hepatitis B Vaccination for personnel working with human blood, body fluids or tissue.

Training		Hepatitis B Vaccination	
Name	Trained	Hepatitis B virus vaccinated (complete only for personnel working with human blood and tissues)	Date of vaccination
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

