



Brandeis University
Institutional Biosafety Committee
 ibc@brandeis.edu
 http://www.brandeis.edu/osp/ibc

Biosafety Approval Form – Renewed Protocol

Protocol Number:

Investigator

Name			
Type	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Post-Graduate
Department		Mailstop	
Email		Telephone	
Laboratory Head			
Location of Work			

Project

Title			
Start Date		End Date	
Physical Containment	<input type="checkbox"/> BSL1	<input type="checkbox"/> BSL2	
Containment Practices	<input type="checkbox"/> BSL1	<input type="checkbox"/> BSL2	

Funding

Funding Agency	
Agency Award ID	
Brandeis Chart String	

Protocol Area

Research focus (check all that apply)	<input type="checkbox"/> Recombinant DNA, including exempt experiments (Complete attachment A) <input type="checkbox"/> Infectious Agents (complete Attachment B) <input type="checkbox"/> Human blood and tissues (Complete Attachment C) <input type="checkbox"/> Biohazardous Agents (Complete Attachment D)
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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	
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	<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	

