

Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) _____

Title of Project _____

To be completed by the QUALIFIED SCIENTIST/DIRECT SUPERVISOR in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached.

SECTION 1: PROJECT ASSESSMENT

1. Identify potentially hazardous biological agents to be used in this experiment. Include the strain, source, quantity and the biosafety level risk group of each microorganism.
2. Describe the biosafety level of the experimentation site.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, safety cabinet type, etc.).
4. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents. If BSL-2 laboratory, not at an RRI, include the [BSL-2 checklist](#)

SECTION 2: TRAINING

1. What training will the student receive for this project?
2. Experience/training of Direct Supervisor as it relates to the student's area of research (if applicable).

SECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES – To be completed by the QUALIFIED SCIENTIST or Direct Supervisor - Check the appropriate box(es) below:

- ☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will NOT be conducted at a Regulated Research Institution, but will be conducted at a (check one) ___BSL-1 or ___BSL-2 laboratory (include a copy of the [checklist for BSL-2](#). [This study has been reviewed by the local SRC and the procedures have been approved prior to experimentation.]
- ☐ This project involves the culturing of Multi Drug Resistant Organisms (MDROs). It has been conducted in a BSL-2 or higher lab at a Regulated Research Institution and the required IBC pre-approval is attached.
Date of IBC approval _____
- ☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.
Origin of cell lines: _____ Date of IBC/IACUC approval _____
- ☐ Experimentation on the microorganisms/cell lines/tissues to be used will be conducted at a Regulated Research Institution, which does not require IACUC or IBC approval for this type of study.

CERTIFICATION – To be SIGNED by the QUALIFIED SCIENTIST or Direct Supervisor

The QS/DS has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above. This study has been approved as a (check one) ☐ BSL-1/ ☐ BSL-2 study, and will be conducted in an appropriate laboratory.

QS/DS Printed Name

Signature

Date of review (mm/dd/yy)