University of Wisconsin-Milwaukee

IBC Registration Form for Teaching Laboratories

Version 1, August 2017

All laboratory courses using any kind of biological materials need to complete this form. The completed form can be e-mailed to the Biological Safety Officer, Danielle Rintala via e-mail at: [rintala@uwm.edu](mailto:rintala@uwm.edu) for IBC review, and, if required per NIH Guidelines, approval. Read the instructions carefully. Lead course faculty/ instructors are required to complete the entire form and any applicable appendices- a lab manager may help complete the form but the lead course instructor is responsible for submission of the form and its contents. Failure to complete any required sections will result in an automatic revision request from the biological safety officer before going to the IBC.

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| --- |
| Office Use Only  Teaching Form Registration Number:  Date Approved:  Approval By:  Renewal Date: |

Protocol #:

Date Approved:

Approved by:

Expiration Date:

**OFFICE USE ONLY**

The University of Wisconsin- Milwaukee Institutional Biosafety Committee (IBC) requires that all Infectious Agent, Biological Toxin, Select Agent/ Toxin, Agents of a Dual Use Research Concern, and recombinant DNA (rDNA) work done in UWM facilities be registered and approved by the Institutional Biosafety Committee (IBC) or reviewed, based on the NIH Guidelines.

**Instructions:**

1. Review the UWM Biosafety Manual and the references listed on the UWM Biosafety Page prior to completing the form.
2. Provide a complete application for each course (1 for all sections is fine if they are all doing the same activities) using any of the listed items above.
3. Submit the completed form electronically to: [rintala@uwm.edu](mailto:rintala@uwm.edu) (Danielle Rintala, Biological Safety Officer- BSO) at least two weeks prior to the IBC meeting. Meetings of the IBC are held monthly during the last week of the month. Check the UWM calendar for exact dates. No paper copies will be accepted.
4. You are encouraged to be present at the IBC meeting when your application is reviewed, so you can answer questions or clarify components of the application form.
5. Approvals, requests for changes/ additions/ modifications, or denials will be sent via hard copy and electronically by the BSO within 48 hours of the IBC meeting.

# Part I: Teaching Laboratory Course General Information

|  |  |
| --- | --- |
| **Course Title and Course Number** | |
| New Registration Renewal Registration Revised Registration  If renewal or revision-Previous IBC # Click or tap here to enter text. | |
| **Laboratory Course Instructor(s)**  Click or tap here to enter text. | **Department**  Click or tap here to enter text. |
| **Campus Mailing Address**  Click or tap here to enter text. | **Office Phone Number**  Click or tap here to enter text. |
| **E-mail Address(es):**  Click or tap here to enter text. | **Teaching Assistant(s):**  Click or tap here to enter text. |
| **TA’s E-mail Address(es):**  Click or tap here to enter text. | **TA’s Phone Number:**  Click or tap here to enter text. |
| **Location(s) of Laboratory- Building & Room (Indicate All):**  Click or tap here to enter text. | **Laboratory Phone(s):**  Click or tap here to enter text. |
| **Any additional lab assistants or instructors:**  Click or tap here to enter text. | **Type of Laboratory Course Registration:**  Single Lab Section  Multiple Lab Sections |
| Provide a summary of the course and the main objectives for the laboratory portion:  Click or tap here to enter text. | |
| Please attach a copy of the course syllabus for the laboratory portion, a copy of the laboratory biosafety manual (which should include the biosafety procedures and practices that will be followed by the student(s) and instructor(s) in the lab), and a description of how the instructors, TA’s, and students will be trained in the potential hazards of the lab and the biosafety procedures to follow in the laboratory to minimize risk of laboratory-acquired infections or accidental release from occurring. | |

# Part 2: Biological Agents Chart

Please provide all of the information for each of the biological agents, toxins, or recombinant DNA being used in the laboratory activities during this term in the chart below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Biological Material1 | Type of Biological Material 2 | Original Source 3 | Strain (if applicable) | Risk Group (RG)4 | Biosafety Level (BSL)4 | How will this agent be used? | Where will the agent be stored? |
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1 If it is a biological agent, list the genus and species. If it is a biological toxin, list the genus and species the toxin was derived from. If it is rDNA list the gene(s) and the vector(s).

2 B=bacteria, V=virus, F= fungus, P= protozoan parasite, rDNA= recombinant DNA, T= toxin, P= prion, O= other (please provide additional information if other is selected)

3 Specify the type and name of the course- including vendor, or if it came from a collection or hospital. Please be specific.

4 Refer to the UWM Biosafety Manual, BMBL, and NIH Guidelines to find risk groups and biosafety level information.

# Part 3: Laboratory Information

1. Are there any potential risks of adverse effects to the following that may result from exposure to the agent(s) or recombinant DNA being used in this laboratory?
   1. Humans? Yes No
   2. Animals? Yes No
   3. Plants? Yes No
   4. Other environmental (please describe): Click or tap here to enter text.

If you answered yes to any of the above, please describe below the adverse effects, including the LD50, signs/ symptoms of the disease(s) that may result from exposure, target organ(s), mechanism/ severity of environmental impact, accidental release management (how you will handle a spill or other accidental exposure), etc.

Click or tap here to enter text.

If you answered No to all of the above, then you may proceed to Part 4 and do not need to complete the rest of this section.

1. Do any of the agents being used express antibiotic resistance, or, if rDNA, does the rDNA containing vectors express antibiotic resistance?

No Yes

If yes, indicate the agent(s) and the specific antibiotic resistance that each possess.

Click or tap here to enter text.

1. Will you culture an organism?

No Yes

If yes, will you generate 10 liters or more of the culture at a time?

No Yes

If yes, explain the culture procedure(s), types of equipment being used for culturing the large quantity, special procedures in place for handling large quantities, and where the culture will be performed.

Click or tap here to enter text.

1. Will you be using any of the following in your laboratory (potential for aerosols/ splashes, check all that apply):

Homogenization Centrifugation Sonication

Dissection Pipetting Other (specify): Click or tap here to enter text.

Explain the special procedures and PPE that will be put in place to minimize the risk for contamination from aerosols and/ or splashes from using the above equipment/ procedures.

Click or tap here to enter text.

1. What personnel protective equipment will you require in the teaching laboratory (check all that apply)?

Disposable gloves Disposable lab coat Cloth Lab Coat

Safety Goggles Safety Glasses Shoe Covers

Respiratory Protection (specify): Click or tap here to enter text.

Other (specify): Click or tap here to enter text.

1. What safety equipment will be available in the laboratory during the teaching sessions (check all that apply)?

Chemical fume hood (for chemical use only) Biological Safety Cabinet

Automatic Pipettors Centrifuge with Safety Cups/ Sealed Rotor Heads

Other (specify): Click or tap here to enter text.

1. Which of the following administrative controls will you employ in the laboratory (check all that apply)?

Biosafety training for staff/ students Biohazard signage (BSL-2 or greater are required)

Controlled/ restricted access Incident reporting for spills and exposures

Sharps containers and precautions Bloodborne Pathogens training

Prohibiting all eating/ drinking in lab Hand washing practices training and monitoring

1. What type of laboratory safety controls does this teaching lab employ (check all that apply)?

Hand-washing sink Eyewash station No carpets/ rugs

Lab chairs covered in non-porous material Chemical/ heat resistant bench tops

One pass room ventilation (no recirculation of air) Lab not in public access areas

Other (specify): Click or tap here to enter text.

1. What types of disinfectants will be employed (check all that apply)?

10% bleach solution (1:10 dilution bleach: water) 70% isopropyl alcohol

Other (specify): Click or tap here to enter text.

1. How will biohazardous waste be decontaminated and disposed of after use in the lab?

Autoclave (specify time, temperature, and PSI): Click or tap here to enter text.

Chemical inactivation (specify): Click or tap here to enter text.

Other (specify): Click or tap here to enter text.

1. If a toxin is being used, please explain how the toxin(s) will be inactivated and disposed of after use.

Click or tap here to enter text.

1. Are any of these agents transported or transferred outside of the room in which they are stored?

No Yes

If you answered yes, what location(s) will you be transporting/ transferring the agent(s)/ toxin(s)/ rDNA to, and from what location(s)?

Click or tap here to enter text.

How will these agents be contained in secondary containment for transportation to minimize risk of contamination?

Click or tap here to enter text.

# Part 4: Laboratory Personnel

In this section, please identify all teaching personnel with their contact information. If at any time this changes (including TA’s), please notify the Institutional Biosafety Committee (IBC) as soon as possible to keep the records accurate for who will be involved in the teaching, training, and/ or supervision of teaching laboratories. It is assumed that the primary professor will explain and train or coordinate the training of the personnel in the following: the nature of the experiments, safe handling, biosafety, and lab safety.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **E-mail Address** | **Date of Completion: Biosafety Training** | **Date of Completion: Laboratory Safety** | **Date of Completion: Bloodborne Pathogens Training** |
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# Part 5: Lead Instructor’s/ Professor Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to use laboratory practice that comply with state and federal regulations and guidelines when handling all biological materials in my classroom.

I acknowledge that it is my responsibility to ensure my personnel are properly trained and educated in biological safety, bloodborne pathogens, laboratory safety, and any other necessary training prior to their teaching this information to students.

I acknowledge that I have the expertise necessary to safely handle the materials being used in this laboratory. It is my responsibility to know what is being used in the laboratory and to make sure that my staff are training students adequately.

I also understand that it is my responsibility to secure and control biohazardous material being used in this laboratory.

I will report any accidental exposures or releases as soon as possible to the BSO, and I will keep a detailed inventory log of biological material being used.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap to enter a date.

Lead professor/ instructor signature