



Institutional Biosafety Committee

Simmons University

300 The Fenway

Boston, MA 02115

Phone (617) 521-2000, X 2641

IBC: Biosafety Application

Instructions: Please complete this application if you plan on using infectious agents, select agents, recombinant DNA, blood, body tissues or fluids as a part of your research, teaching or testing activities at Simmons University. Please note that if you plan on using or collecting biological agents, samples, etc. from live vertebrate animal sources or identifiable human sources, you will also need to seek approval from the appropriate committee.

Is this application being submitted as part of a(n):

IACUC Application (Animal subjects)

Yes ☐

No ☐

If yes, Protocol #

IRB Application (Human subjects)

Yes ☐

No ☐

If yes, Protocol #

Section I: Background Information

1. Title of project:

PFAS Biosensors from Phage Display Libraries

2. Contact Information:

Name of Principal Investigator (PI):		Date:	
Date of IBC Online Training:			
Phone #:			
Email Address:		Project Start Date:	
Campus Mailing Address:		Project End Date:	
Project Location Address:			

3. Is this project funded? Yes ☐ (List funding source below) No ☒

4. List all personnel involved in the project, their respective roles, and the completion date of their online IBC training:

5. The proposed protocol involves (check all that apply):

☐ Biologicals/Biological Organisms (See Section IV)

☐ Blood, body fluids, tissues and biological samples (See Section V)

6. Overall project objective (please provide a summary of your research/research goals so the committee can obtain a high level view of your overarching research purpose):

7. This protocol review is for:

Research Project:	<input type="checkbox"/>
Teaching/Course:	<input type="checkbox"/> Course #:

Student Project:	<input type="checkbox"/>	Course #:
Other (please explain)	<input type="checkbox"/>	

Section II. Facilities, Safety and Equipment

1. Facility

Please indicate what room and containment equipment you will be utilizing and the Biosafety Level of the room(s) where you will work with potentially hazardous biological agents.

Building and Room Number	Indicate the number and type of Biosafety Cabinets present.	If posted, what is the room's BSL/ABSL?
		A/BSL-1 <input type="checkbox"/> A/BSL-2 <input type="checkbox"/>
		A/BSL-1 <input type="checkbox"/> A/BSL-2 <input type="checkbox"/>
		A/BSL-1 <input type="checkbox"/> A/BSL-2 <input type="checkbox"/>

2. Personal Protective Equipment

Please check all of the personal protective clothing and equipment to be used by personnel in the above facilities:

<input type="checkbox"/> Eye/Face protection	<input type="checkbox"/> Lab coat	<input type="checkbox"/> Safety centrifuge/blender/grinder
<input type="checkbox"/> Head cover	<input type="checkbox"/> Tyveks/Disposable gowns	<input type="checkbox"/> N95 particulate respirator
<input type="checkbox"/> Shoe covers	<input type="checkbox"/> Surgical scrubs	<input type="checkbox"/> PAPR (HEPA) respirator
<input type="checkbox"/> Gloves	<input type="checkbox"/> Automatic pipettors (required)	
<input type="checkbox"/> Double gloves	<input type="checkbox"/> Other (please indicate):	

3. Please list all chemical or biological agents that may be used, where their respective Safety Data Sheets (SDS)/Product Sheets are kept, and certify that ALL research personnel have reviewed the SDS/Product Sheets thoroughly:

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4. Please Describe Any Additional Safety Procedures or Training Necessary for this Project:

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Section IV. Biologicals/Biological Organisms

Will your project utilize biologicals that are infectious to humans (excluding host for rDNA work) (See [NIH Guidelines, Appendix B](#))

Yes ☐ (Please complete this section) No ☐ (Please go to the next section)

Biological/Organism #1

Name of Agent:	
Strains/isolates:	

Biosafety Level # (See [Biosafety Levels Defined](#))

How will you use the agent?

- ☐ in vitro
- ☐ in vivo in animals
- ☐ in vivo in plants
- ☐ Other

Methods of inactivating organisms:

- ☐ Autoclave

- ☐ Incineration
- ☐ Chemical
- ☐ Other

Briefly Describe Use and Source:

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Biological/ Organism #2

Name of Agent:	
Strains/isolates:	

Biosafety Level # (See [Biosafety Levels Defined](#))

How will you use the agent?

- ☐ in vitro
- ☐ in vivo in animals
- ☐ in vivo in plants
- ☐ Other

Methods of inactivating organisms:

- ☐ Autoclave
- ☐ Incineration
- ☐ Chemical
- ☐ Other:

Briefly Describe Use and Source:

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Additional Agents: (Please describe additional agents here using the above questions as guidelines)

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Section V. Blood, Body Fluids, Tissues and Biological Samples

1. Do you plan to use (Check all that apply):

- ☐ Blood
- ☐ Body Fluids
- ☐ Tissues
- ☐ Biological Samples

Indicate Origin:

- ☐ Human (may require IRB Approval)
- ☐ Wild Animal (may require IACUC Approval)
- ☐ Plant

IF NONE, Please Go to Next Section.

2. Describe the specific origin, uses, and infectious potential of human or wild animal blood, body fluids, tissues and biological samples used in this project:

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3. How will you minimize the risk of infection (list procedures for inactivation/decontamination)?

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4. Bloodborne Pathogen Training- Have all necessary faculty, staff, and/or students taken a formal Bloodborne Pathogen Training?

Yes ☐ No ☐

* If no, please describe how personnel will be trained before the commencement of research.

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Section VI. SIGNATURES

The undersigned accept(s) responsibility for the study/activity, including compliance with any federal or state law or regulation and Simmons University policies regarding protections of the safety of those participating in this study. In the case of student activities, the faculty supervisor and the student share responsibility for adherence to policies.

Signature of Principal Investigator (Original signatures are required) **Date**

Submit an electronic copy to the Simmons University IBC chairperson, Jyl Richards, at: cronin@simmons.edu

If you have any questions, please call the IBC Chairperson at (617) 521-2641