

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. <u>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.</u>

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	his application being submitted a							
	CUC Application (Animal subjects) 3 Application (Human subjects)	s) Yes Yes		No □ No □	If yes, Proto			
IKI	S Application (numan subjects)	res		INO 🗆	ii yes, Proic	COI #		
		Section I:	Backgrou	ınd Inform	ation			
1	Title of project:							
١.	PFAS Biosensors from Phage	Display Libraries	<u> </u>					
		<u> </u>						
<u>2.</u>	Contact Information:	i			i			
	Name of Principal Investigator (PI):				Dat	ie:		
	Date of IBC Online Training:						-	
	Phone #:							
	Email Address:					ject		
						rt Date: pject		
	Campus Mailing Address:					d Date:		
	Project Location Address:							
3	_ls this project funded? Yes \Box (List funding source	se helow)	No ⊠				
<u>J.</u>	_is this project funded: res 🗆 (List farialing source	DE DEIOW)	INU W				
4.	_List all personnel involved in the	e project, their res	spective role	es, and the	completion date o	f their onlir	ne IBC training:	
	<u> </u>							
5.	The proposed protocol involves							
	☐ Biologicals/Biological Organ☐ Blood, body fluids, tissues a			action \/\				
	□ Blood, body fluids, tissues a	nu biologicai sam	pies (See S	ection v)				
6.	Overall project objective (pleas			research/re	search goals so t	he commit	tee can obtain a	3
	high level view of your overarch	ning research purp	oose):					
7.	This protocol review is for:							
	Research Project:							
	Teaching/Course:	Course #:					1	

	Student Project:		Course #:		
	Other (please explain)				
		9	ection II. Facilities, Safety ar	d Equipment	
			ection II. 1 acinties, Salety at	и Ечиринен	
Ple	Facility ease indicate what room and u will work with potentially ha			ing and the Biosafety Level of the room(s) whe	ere
В	uilding and Room Number		cate the number and type of osafety Cabinets present.	If posted, what is the room's BSL/ABSL?	
				A/BSL-1 □ A/BSL-2 □ A/BSL-1 □ A/BSL-2 □ A/BSL-1 □ A/BSL-2 □	
	Personal Protective Equipr		active clothing and equipment to be	e used by personnel in the above facilities:	
	Eye/Face protection	ai prote	☐ Lab coat	☐ Safety centrifuge/blender/grinder	
	Head cover		☐ Tyveks/Disposable gowns	☐ N95 particulate respirator	
	Shoe covers		☐ Surgical scrubs	☐ PAPR (HEPA) respirator	
	Gloves		☐ Automatic pipettors (requir	ed)	
	Double gloves		☐ Other (please indicate):		
	eets are kept, and certify tha	at ALL		their respective Safety Data Sheets (SDS)/Product Sheets thoroughly: essary for this Project:	duct
Wil Ap	pendix B Yes ☐ (Please complete the	als tha	t are infectious to humans (exclud	ing host for rDNA work) (See NIH Guidelines, next section)	
Bic	ological/Organism #1				
	Name of Agent: Strains/isolates:				
				I	
Bio	safety Level # (See B	iosafe	ty Levels Defined)		
Ho	w will you use the agent? in vitro in vivo in animals in vivo in plants Other			Incineration	
Me	thods of inactivating organis ☐ Autoclave	ims:		Chemical Other	

Briefly Describe Use and Source:					
Biological/ Organism #2					
	Name of Agent:				
	Strains/isolates:				
Bio	safety Level # (See B	biosafety Levels Defined)			
Ho	w will you use the agent? in vitro in vivo in animals in vivo in plants Other				
Me	thods of inactivating organis ☐ Autoclave ☐ Incineration ☐ Chemical ☐ Other:	ims:			
Brid	efly Describe Use and Source	DE:			
Ad	ditional Agents: (Please d	escribe additional agents here using the above questions as guidelines)			
Se	ction V. Blood, Body Fl	uids, Tissues and Biological Samples			
1.	Do you plan to use (Check ☐ Blood ☐ Body Fluids ☐ Tissues ☐ Biological Samples	all that apply): Indicate Origin: Human (may require IRB Approval) Wild Animal (may require IACUC Approval) Plant			
IF I	NONE, Please Go to Next S	ection.			
2.	Describe the specific origin biological samples used in	n, uses, and infectious potential of human or wild animal blood, body fluids, tissues and this project:			
3.	How will you minimize the r	risk of infection (list procedures for inactivation/decontamination)?			
4.	Bloodborne Pathogen Train Training? Yes □ No	$rac{ ext{ning}}{ ext{-}}$ Have all necessary faculty, staff, and/or students taken a formal Bloodborne Pathogo \Box			
* If	no, please describe how pe	ersonnel will be trained before the commencement of research.			

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 Collins, at: cronin@simmons.edu

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