University of Scranton
New Investigator Registration Sheet

Overview: The University of Scranton Institutional Biosafety Committee will review this document and contact you regarding specific forms, if any, that will be required for institutional approval of your work.

Name of Principal Investigator: ________________ Department: ________________

Title of Project: ______________________________________________________________

Proposed Start Date of Project: _____________ Expected Duration of Project: _____________

The proposed work will involve the following:

☐ YES  ☐ NO  Recombinant DNA

☐ YES  ☐ NO  Transgenic Organisms

☐ YES  ☐ NO  Human Body Fluids, Tissues and/or Cell lines

☐ YES  ☐ NO  Plant or animal pathogens, toxins, federally regulated agents and toxins, viral vectors

☐ YES  ☐ NO  Radioisotopes (If YES, Radiation Safety Committee approval required.)

☐ YES  ☐ NO  Animal Subjects (If YES, IACUC approval is required.)

☐ YES  ☐ NO  Human Subjects (If YES, IRB approval is required.)

☐ Attach a brief description of your procedure(s) (two pages maximum including information pertaining to any topics checked yes above). If using human materials, attach MSDS documentation.

☐ Attach a description of the procedures you will use to dispose of human materials or decontaminate biohazardous materials.

☐ Attach a list of personnel and any training and/or personal protective equipment needed for those involved with the proposed project.

Signature __________________________ Date __________________

Return to: Institutional Biosafety Committee
Office of Research and Sponsored Programs
IMBM, Rm203, University of Scranton