

University of Scranton
Institutional Biosafety Committee

Application to use Recombinant DNA in Teaching Laboratory

This application is to provide the Institutional Biosafety Committee (IBC) with the information it needs to review and evaluate laboratory exercises, to ensure that the procedures are consistent with the University Biosafety Policy and to ensure that faculty, staff and students are properly trained to work with and/or are protected from exposure while experimenting with recombinant DNA.

Complete the items in the form below and submit this document to the University of Scranton Institutional Biosafety Committee, c/o Office of Research and Sponsored Programs, IMBM 203.

Faculty member(s) _____ Dept. _____

Course Number and Title _____
(Please attach a course syllabus)

Semesters taught _____

Laboratory Exercise _____
(if multiple exercises using recombinant DNA, use a separate form for each exercise).

PLEASE ATTACH A COPY OF THE LABORATORY PROTOCOLS AS USED BY THE STUDENTS, TEACHING ASSISTANTS, OR INSTRUCTORS.

Describe the nature of the exposure, detailing which recombinant organisms/DNA will be used:

What type of training and personal protective equipment will students receive prior to handling the recombinant organisms/DNA?

Describe your disinfection/disposal for the recombinant organisms/DNA:

ASSURANCES FOR USE OF RECOMBINANT ORGANISMS/DNA

As the principal instructor for this class, I assure that:

1. the information provided on this form accurately summarizes the nature and extent of the proposed use of recombinant organisms/DNA and the nature of its biological hazards;
2. all individuals (including students) handling the recombinant organisms/DNA described in this application are technically competent and will be properly trained in the handling and disposal of these materials;
3. I will include a statement in the syllabus informing those concerned that the experiments are in compliance with the University of Scranton's University Biosafety Policy;
4. I will obtain approval from the IBC before initiating any changes to this application.

Faculty name (Printed/Typed) _____

Signature and date _____