

PROJECT INFORMATION FOR INSTITUTIONAL BIOSAFETY CLEARANCE

[Please fill up separate sheet for each project in the prescribed proforma and submit **one hard copy & one soft copy (on CD)** of each. One both-sided printed copy of research proposal/thesis protocol to be attached along with a covering letter from PI. Please ensure that the hard copies are duly signed by PI]

1. Title and Summary of the project (max. 1 page):

2. Broad Area:

3. Relevant details of the project:

3.1 Objective(s) of the study:

3.2 Key words:

3.3 Work plan: in flow chart form with brief description (max. 3 pages)

3.4 Diagrammatic representation of recombinant DNA molecules to be used and constructed

4. Information on PI:

Name:

Designation:

Department:

Telephone:

Mobile:

Email id:

5. List of laboratory researchers/staff involved with proposal:

6. Funding Agency:

7. Grant (Approved/Applied/Other):

8. Status (Ongoing/Completed/New):

9. Expected duration of the Project and dates: From: (DD/MM/YYYY)

To: (DD/MM/YYYY)

10. Categorisation of Data

10. 1 Source of nucleic acid

10. 2 Specimen of Nucleic acid sequence

10. 3 Vector host system

10. 4 Manipulative procedures

11. Categorization of Research Project:

Exempt / Ratification / Approval

12. Proposed Containment Category: (P1/P2/P3/P4)

13. Environment Risk Assessment:

a) Unmodified organism

b) Genetically modified organism

c) Safety control level required: (Yes/No)

Certified that appropriate Biohazard sign will be/is displayed prominently at the entry of the facility

14. IBSC Approval for Experimental Trials Required:

(Yes /No)

15. Follow-up Measures:

15.1. Nature of Accidents that can happen:

15.2. Remedial Measures to be adopted:

16. Risk Avoidance and Management:

16.1 Methods adopted for personnel protection:

- i. Plan for Vaccination and other prophylactic measures (if available for the organism(s) handled)
- ii. List of medical examinations to be carried out – initially and periodic
- iii. Nature of orientation training to be provided to lab personnel for handling, storage and disposal of bio-hazardous material
- iv. Name, contact details and consent of the person responsible for the training with justification how the person is suitable for such responsibility.

Signature of the designated person _____

- v. Name, contact details and consent of the person responsible for maintenance, disposal and upkeep of the lab along with record keeping of instruments, culture facility and disposal involving bio-hazardous material throughout the project duration **(The name and contact details of this person to be displayed prominently at the entry of the lab)**
Signature of the designated person _____

- vi. Certified by PI that the financial expenses for prophylaxis/vaccination (if applicable), routine initial and periodic medical examination and treatment in case of exposure will be met by/from _____

Signature of PI _____

16.2 Emergency Plan (in research):

16.3 Contingency plan (in production):

17 Decontamination & disposal mechanisms

17.1 Specific disposal and decontamination methods to be used for different bio-hazardous material to be generated in the project

Names of bio-hazardous materials and methods for decontamination (Autoclave; Disinfectants and chemicals (pl. specify); Incinerator, Water-proof & chemical resistant bench tops: Available/ Not available; Sink for hand wash in each laboratory: Available/ Not available)

- 1.
- 2.
- 3.

17.2 Specific methods to be adopted for handling and disposal of hazardous chemical waste (Ethidium Bromide/Phenol/Toluene/Any other (pl. specify))

18. Import/Exchange of material within and outside the country (Please fill up separate sheet for each material)

18.1 Date of approval (RCGB/IBSC/HMSC)

18.2 Specimen description

18.3 Quantity approved

18.4 Date of Import/Exchange

18.5 Status

19. Subsequent use or distribution of recombinant DNA molecule(s) / samples / DNA / RNA generated in this project

Date:

(Signature)
Principal Investigator