



Biosafety Committee Application

Office use only
Project Number:

Start Date:
Completion Date:

SECTION 1. ADMINISTRATIVE INFORMATION (If different from grant title, please include the grant title as well)

Project Title

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1.1 Project Synopsis (50 words or less) (Please provide a very brief description of the proposed project in general terms)

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1.2 Principal Investigator

| | | | |
|----------------|--|----------|--|
| Name | | | |
| Department | | | |
| Campus Address | | Phone | |
| Email | | UPEI ID# | |

Biosafety Resume attached Yes On File

If the PI will be away for more than 30 days, someone must be designated to fill this position until the PI returns. If this is the case for this project, please provide the name and contact information for this individual and the dates for which this will be in effect.

| | | | |
|-----------------|--|----------|--|
| Name | | | |
| Department | | | |
| Campus Address | | Phone | |
| Email | | UPEI ID# | |
| Effective Dates | | | |

| 1.3 Personnel/Teaching assistants handling the material | | | |
|---|--------------|-------|--|
| NAME | Faculty/DEPT | Phone | Biosafety RESUME |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> On File |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> On File |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> On File |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> On File |

| 1.4 Project funding and review information | | | |
|---|--|--|--|
| Has this protocol been approved at another institution? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>If yes, please attach the approval certificate.</i> |
| Is this project funded? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Funding Source and RS file # : | |
| Project involves the use of animals | <input type="checkbox"/> Yes <input type="checkbox"/> No | <p>If Yes :</p> <ul style="list-style-type: none"> • has an Animal Utilization Protocol been submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No • Has Animal Care Committee approval been obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No • AUP# if available _____ <p>If Yes, are the animals genetically modified? <input type="checkbox"/> Yes If yes, explain nature of the modification in section 3.6.3 <input type="checkbox"/> No</p> | |
| Permit involves human subjects | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, permit # : | |

| 1.5. Use of Materials | | | |
|--------------------------------|-----------------------------------|-----------------------------------|--|
| This Material will be used for | <input type="checkbox"/> Research | <input type="checkbox"/> Teaching | |
| Course Name | | Course Number | |
| Anticipated date(s) of use | | | |
| Material will be used | <input type="checkbox"/> in vitro | <input type="checkbox"/> in vivo | |

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| 2.4 Fume hood | |
| Is a fume hood present in the location(s) identified in Section 2.1? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

SECTION 3. BIOHAZARDOUS MATERIAL INFORMATION

Please attach supporting documents (eg. MSDS or equivalent) to your application. Please indicate biological materials for which the permit is required (bacteria, viruses, prions, phages, plasmids, fungi, parasites, cell lines/tissue cultures, animal tissues, genetically modified organisms, bio-toxins). By completing appropriate sections below. If required attach an additional page. If you are unsure of the Risk Level please contact the Biosafety Officer for assistance or see the following link.

<http://www.upei.ca/humanres/files/humanres/UPEI08RADefinitionsandMatrix.pdf>

| 3.1 Microorganisms | | | | | <input type="checkbox"/> Not Applicable | |
|---|-------------------------------------|--|-------------------------|-------------------|--|----------------------------------|
| Microorganisms include bacteria, fungi, protozoa, algae, viruses, mycoplasma, rickettsia, chlamydia, parasites, and prions. | | | | | | |
| Microorganisms (Genus, species, strain (geographical isolates) as appropriate) | Quantity Used(indicate units) | Does this organism have drug resistance? YES or NO | Host Range for Organism | | Risk Group | Proposed Containment Level |
| | | | Animal Pathogen | Human Pathogen | | |
| | | | | | | |
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| 3.2 Cell cultures. | | | | | <input type="checkbox"/> Not Applicable | |
|------------------------------------|---|---------------------|------------|----------------------------------|--|--|
| 3.2.1 Primary Cell Cultures | | | | | | |
| Cell type (human, mouse, etc.) | Source of Cell (kidney, liver, etc.) | Potential Pathogens | Risk Group | Proposed Containment Level | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| 3.2.2 Established Cell Culture. <input type="checkbox"/> Not Applicable | | | | | |
|--|-------------------------------------|----------|--------------------|---------------|----------------------------------|
| Cell type (human, mouse, etc.) | Specific cell Line (Attach MSDS) | Supplier | Known Pathogens | Risk Group | Proposed Containment Level |
| | | | | | |
| | | | | | |

| 3.3 Human and Non-Human Primate Source Material. <input type="checkbox"/> Not Applicable | | | | |
|---|---------|--------|------------|----------------------------------|
| Substance | Species | Source | Risk Group | Proposed Containment Level |
| | | | | |
| | | | | |
| | | | | |

| 3.4 Potentially Infectious Animal Source Material <input type="checkbox"/> Not Applicable | | | | |
|--|---------|--------|------------|----------------------------------|
| Substance | Species | Source | Risk Group | Proposed Containment Level |
| | | | | |
| | | | | |
| | | | | |

| 3.5 Biological Toxins. <input type="checkbox"/> Not Applicable | | | | | | |
|---|-------------------------------------|-------------------------------|--------|----------------------------|---------------|----------------------------------|
| Toxin | Form (Liquid, granules, etc.) | Species from which derived | Source | Amount (To be obtained) | Risk Group | Proposed Containment Level |
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| 3.6 Recombinant DNA. | | | | |
|--|---------|-------------------|-----------------------------------|---|
| 3.6.1 Genetic Modification involving Plasmids | | | | <input type="checkbox"/> Not Applicable |
| Bacteria used for Cloning | Plasmid | Source of Plasmid | Gene(s) to be cloned or expressed | Proposed Containment Level |
| | | | | |
| | | | | |

| 3.6.2 Genetic Modification involving Viral Vectors | | | | |
|---|--------|------------------|---|---|
| | | | | <input type="checkbox"/> Not Applicable |
| Virus used for Vector Construction | Vector | Source of Vector | Gene(s) Transduced (or genes to be cloned or expressed) | Proposed Containment Level |
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| 3.6.3 Genetically modified animals | |
|---|------------------------|
| Species | Nature of Modification |
| | |
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| 3.7 SOURCE OF MATERIAL (Please Specify) | |
|--|--|
| Commercial (ex. ATCC, Cedar Lane) | |
| Field Sample | |
| Clinical Sample | |
| Other – Explain (Colleagues etc.) <i>[If the material is a transfer, please indicate location material is received from.]</i> | |
| | |
| | |
| Was material obtained under an importation permit? If yes, attach a photocopy of your importation permit(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3.9 List those organisms that are not currently known to be in Canada or on Prince Edward Island

| Organism | NOT currently found in (check all that apply) | |
|----------|---|----------------------|
| | Canada | Prince Edward Island |
| | | |
| | | |

4.0 Please indicate whether the following items/procedures will be used involving the BHM(s) in this project:

| | | | | | | | | |
|-----------------|-----|--|--------------|-----|--|---|-----|--|
| Needles | YES | | Other sharps | YES | | Centrifugation | YES | |
| | NO | | | NO | | | NO | |
| Surgical blades | YES | | Glassware | YES | | Dissection | YES | |
| | NO | | | NO | | | NO | |
| Pipetting | YES | | Sonication | YES | | Blending/mixing/ vortexing/opening samples/aerosol creation via other means | YES | |
| | NO | | | NO | | | NO | |

All of the preceding activities can increase risk of exposure/release. Please indicate how this risk will be minimized for those procedures you will be performing (ex – use of sharps minimized, needles are not recapped, safety scalpels will be used, etc.)

Indicate the Personal Protective Equipment to be worn on this project:

- | | |
|---|--|
| <input type="checkbox"/> Lab Coat | <input type="checkbox"/> Gloves |
| <input type="checkbox"/> Gown | <input type="checkbox"/> Boots/shoe covers |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Respirator |
| <input type="checkbox"/> Face Shield | <input type="checkbox"/> Other |

If other, please describe:

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If respirator to be worn, describe type and date of fit test if applicable

| Type | Date of fit test |
|------|------------------|
| | |

4.1 Project Details

Please outline the project you intend to undertake, including a clear description of the procedures that will involve the biohazardous material(s) you have indicated. Please address where the risks of exposure and release exist, and include the means by which these will be prevented. **Please provide as much information as necessary for the Biosafety Committee to complete a risk assessment.** If the BHM(s) is to be used in live animals, include the animal species, method of infection, anticipated excretion of the organism into the environment (e.g. will the bedding be a risk to workers or the environment) and containment practices.

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5.0 Transportation

In the process of the work performed, will it be necessary to transport un-decontaminated biohazardous materials between laboratory areas? (e.g. from a research laboratory at AVC to the incubators or centrifuges in the Central Services area) Yes No

If yes, between which areas will the transport be?

Describe procedures taken to minimize risks associated with this transport

6. Disposal Methods

What methods will be used for decontamination and disposal of BHM(s)? Include disinfectant to be used & required contact time.

7. Medical Surveillance

Do personnel working with these materials require special medical precautions or health monitoring? Yes No

If Yes: Has immunization been recommended/offered to staff? Yes No
If yes, outline recommendations:

If immunization is recommended:
Have they been given? Yes No
Are records kept of vaccination as well as vaccination refusals/waivers? Yes No

Are there other considerations besides vaccination that need to be communicated to workers - such as the exclusion of highly susceptible individuals from hazardous lab work?

Are laboratory staff educated on the signs/symptoms of a possible exposure, to facilitate the early detection of laboratory acquired infections? Yes No

8. Incidents, Spills

Outline steps to be taken in the event an accident, incident or spill (safety issues, containment, disinfection, reporting and prevention of re-occurrence)

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9.0 Biosecurity

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| Are BHM(s) safely secured from unauthorized access and theft? Please describe means by which this is obtained (ex locked freezer, locked lab, authorized access..) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Please describe means by which this is obtained (ex locked freezer, locked lab, authorized access..)

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| Are all workers trained in the Biosecurity Plan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Have you submitted a list of authorized users of your lab(s) to UPEI Security? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

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|---|--|
| Have you entered the BHM into the UPEI electronic inventory if you currently possess them, or will they be entered as soon as obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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9.0 Signatures

I accept responsibility for the accuracy of the information included in this application. I will ensure that all work carried out under this permit will be conducted in accordance with the policies and procedures of the University of Prince Edward Island, and in compliance with the Health Canada Laboratory Safety Guidelines, 3rd Edition 2004, and/or the CFIA Containment Standards for Veterinary Facilities. I have discussed the risks associated with this work with all personnel who may be affected. Any changes to this permit (as listed in the UPEI Biosafety in Research and Teaching Policy) that may arise will be forwarded to the Biosafety Committee as an amendment to the permit.

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| PI Name – please print | |
|------------------------|--|

| | | | |
|--------------|--|------|--|
| PI Signature | | Date | |
|--------------|--|------|--|

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| Chair, PI Department – Please print | | | |
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| | | | |
|----------------------------------|--|------|--|
| Chair, PI Department – Signature | | Date | |
|----------------------------------|--|------|--|

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| This Protocol has been reviewed by Central Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | | |
|----------------------------|--|------|--|
| Central Services Signature | | Date | |
|----------------------------|--|------|--|

Please ensure the following are included in your application: **Lynn to determine changes required in this section**

PLEASE DOUBLE SIDE AND COLLATE ALL DOCUMENTS SUBMITTED

(1 original and 10 copies)

_____ **Biosafety Application**

_____ **Biosafety Resume** attached (if not on file)

_____ **Exposure Control Form** (if the proposed work uses biohazardous (Risk Factor > 1) organisms, attach a copy <http://www.upei.ca/research/biosafetyforms> that will be inserted in the Laboratory Safety Manual in each laboratory/area where the organism will be present.

_____ **Risk Assessment table** can be found at:
<http://www.upei.ca/humanres/files/humanres/UPEI08RADefinitionsandMatrix.pdf>

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Submissions are regarded by the Biosafety Committee as strictly **CONFIDENTIAL**

The safety of UPEI personnel and students, the public at large, animals and the environment are important to the University of Prince Edward Island. Therefore all principal investigators/researchers using biological materials are required to submit the following Application for a Biosafety Permit. The Application will be reviewed and a Permit will be issued if the Application meets health, safety and environmental standards as laid out in Health Canada Laboratory Biosafety Guidelines (3rd edition, 2004), CFIA Containment Standards for Veterinary Facilities (1st edition, 1996), and UPEI policies and procedures. All information submitted will be treated as confidential.