

Date submitted:

Investigator:

Contact information:

Speed type or PO #:

Objective (brief description of project goals):

Sample Description:

Number of samples:

Biohazard information:

- Is recombinant or synthetic nucleic acid (rsNA) present in sample?
Yes No
- Is an infectious agent (e.g., bacterial, viral, other) known to be present in the sample?
Yes No
- Is potentially infectious material present in the sample (e.g. human cells or cell lines)?
Yes No
- Is a biological toxin present in the sample?
Yes No
- Is the appropriate Biocontainment level BSL-2 or greater?
Yes No

If ANY response to Biohazard Information is “Yes”, provide additional information as indicated below:

UMMS IBC docket number:

Date approved:

Or

Provide external IBC approval letter

NOTE:

- The Core Facility *will not* accept BIOHAZARDOUS samples requiring containment > BSL-2 without a written Standard Operating Procedure (SOP) approved by the UMMS IBC.
- The Core Facility *will not* accept Select agents (<http://www.selectagents.gov>) unless certified to be inactivated by a process validated to be effective, and approved by the UMMS IBC in accordance with the UMMS Select Agents Program. RG3 agents (e.g. HIV, M. tuberculosis, Prions, et al) must also be certified to be inactivated by a validated process.
- The Core Facility may require additional information if a biohazard is identified.