Hello and thank you for accessing this form from the University of Maryland, Baltimore County Institutional Biosafety Committee web site.

Prior to submitting, please ensure that spelling and grammar are correct; this will assist in the timely review of this form during the IBC evaluation process. Complete all sections of the protocol application (indicate N/A in the section not applicable to your protocol). "See attached proposal" or “See the previous section” are not an acceptable responses.

Enter information by clicking the [ ]  box or typing in the **Click here to enter text.** area.

**Please go to UMBC** [**IBC website**](http://research.umbc.edu/biosafety-institutional-biosafety-committee/) **for all up-to date guidance and information regarding the below questions.**

This application will provide the Institutional Biosafety Committee (IBC) with the information it needs to review and evaluate laboratory exercise, to ensure that the procedures are consistent with University and IBC requirements 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, human/animal blood/body fluids or tissues or other biohazardous materials.

Complete the items in the form below and submit to the Office of Research Protections and Compliance, compliance@umbc.edu

COURSE INFORMATION

Instructor’s Name: Click here to enter text.

List all teaching assistants involved in this teaching lab

Department: Click here to enter text.

Email address: Click here to enter text. Phone: Click here to enter text.

Course Number and Title: Click here to enter text.

Semester taught: Click here to enter text.

**Please include a course syllabus and a copy of the lab protocols used by students, teaching assistants or instructors**

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| --- |
| SYLLABUS INFORMATIONDescribe the teaching laboratory exercise:Click here to enter text. |
| Based on the above, list the biohazardous materials or recombinant DNA used in all lab exercises. Be sure to correlate to the list found in the syllabus.Click here to enter text.NOTE: If a ***material transfer agreement*** is required to obtain materials described in this application, enter date when submitted to the Office of Technology Development (OTD): Click here to enter text. |
|  |
| What type of training and personal protective equipment will students receive prior to participation?  **Provide a description of the safety topics covered in this training.** Click here to enter text. |
| **Human blood/tissues only N/A [ ]** Will students be handling ***only their*** blood/tissues? :Click here to enter text.Describe alternatives to human blood/tissues/fluids (if any) that might be used for this exercise. Click here to enter text. |
| Describe your disinfection/disposal for the materials used in the teaching lab:Click here to enter text. |

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| TRAINING |
| **All** Instructors and teaching assistants are required to take the below training prior to release of IBC approval. For each person provide most recent date of training completion.  **REMINDER: All training must be repeated annually. If you need information about training completion dates or have questions, please contact the ORPC.** |
| [-----------Webnet Training---------------] [---------CITI Training-----]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PERSONNEL  | [Lab Safety Training](http://research.umbc.edu/2041-2/)***Enter the date below*** | [Hazardous Communications](http://research.umbc.edu/2041-2/)***Enter the date below*** | [Bloodborne Pathogens](http://research.umbc.edu/2041-2/)***Enter the date below*** | [OSHA PPE Training](http://research.umbc.edu/2041-2/)***Enter the date below*** | [NIH rDNA Guidelines](http://research.umbc.edu/2041-2/)***Enter the date below*** |
| Click here to enter text. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |
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**Assurances:**

I will not proceed with the experiments in the teaching lab until I have received an official notice of approval from the IBC unless otherwise specified. I acknowledge that IBC approval granted by this application is non-transferable to any other UMBC instructor.

As the 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 biohazardous material(s) and the nature of its biological hazards;
2. All individuals (including students) handling the materials 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 University and IBC requirements
4. I will obtain approval from the IBC before initiating any changes to this application
5. I acknowledge that IBC approval granted by this application is non-transferable to any other UMBC instructor.

Instructor Name: Click here to enter text. Date: Click here to enter a date.

By typing your name, email address and date, the instructor certifies they will abide by all UMBC IBC policies and procedures and understand that no teaching lab activities will be conducted prior to obtaining the required approvals.

Investigator’s Signature: Click here to enter text. Email: Click here to enter text. Date: Click here to enter a date.