# INSTITUTIONAL BIOSAFETY COMMITTEE

# SAN JOSÉ STATE UNIVERSITY

# BIOLOGICAL USE AUTHORIZATION APPLICATION

**The application works best in Microsoft Word.** To add additional lines to any table, place the cursor in the last box and press the “tab” key. Submit the Biological Use Authorization (BUA) as a Word document by email to [biosafety@sjsu.edu](mailto:biosafety@sjsu.edu). The signature page should be completed by DocuSign and sent as a pdf. If more space is needed, please attach a separate sheet. If you need assistance contact the Institutional Biosafety Committee (IBC) at [biosafety@sjsu.edu](mailto:biosafety@sjsu.edu).

Upon approval of the BUA, Principal Investigators or Faculty will complete a BUA renewal yearly for active biosafety level 2 (BSL-2) and select agents/toxins work or every 3 years for all other work requiring a BUA (including storage only of BSL-2 materials). To amend or renew an approved BUA, first confirm that your approved application used the most recent versions of the forms. If so, apply changes directly to the approved BUA using the “Suggesting” mode in Google Docs to track changes. If not, please prepare the renewal with the most recent forms. Submit the revised BUA to [biosafety@sjsu.edu](mailto:biosafetycommittee@sjsu.edu).

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| BUA Preparer Information | | | | | | | | | | | | | |
| Name of Principal Investigator (PI)/Faculty: | | | | | | Click or tap here to enter text. | | | | | | | |
| Job Title: | | Click or tap here to enter text. | | | | | | Department: | | | Click or tap here to enter text. | | |
| Office Room: | | Click or tap here to enter text. | | | | | | Lab Room(s): | | | Click or tap here to enter text. | | |
| Office Phone: | | Click or tap here to enter text. | | | | | | Lab Phone(s): | | Click or tap here to enter text. | | | |
| Email address: | | Click or tap here to enter text. | | | | | |  | | |  | | |
|  | | | | | | | | | | | | | |
| Co-Investigator or Faculty: | | | | Click or tap here to enter text. | | | | | | | | | |
| Job Title: | | Click or tap here to enter text. | | | | | | Department: | | | Click or tap here to enter text. | | |
| Office Location: | | Click or tap here to enter text. | | | | | | Lab Room(s): | | | Click or tap here to enter text. | | |
| Office Phone: | | Click or tap here to enter text. | | | | | | Lab Phone(s): | | | Click or tap here to enter text. | | |
| Email address: | | Click or tap here to enter text. | | | | | |  | | |  | | |
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| Lab Supervisor/Manager: | | | | Click or tap here to enter text. | | | | | | | | | |
| Office Location: | | Click or tap here to enter text. | | | | | | Lab Phone: | | | Click or tap here to enter text. | | |
| Email address: | | Click or tap here to enter text. | | | | | |  | | |  | | |
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| **After** **Hours Contacts** | | | | | **Name:** | | | | | | | **After Hours Phone:** | |
| Principal investigator/Faculty | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | |
| Responsible Personnel (optional) | | | | | Click or tap here to enter text. | | | | | | | Click or tap here to enter text. | |
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| BUA Information | | | | | | | | | | | | | |
|  | New BUA | | | | | | | | | | | | |
|  | Renewal | | Original BUA # | | | | Click or tap here to enter text. | | Expiration Date: | | | | Click or tap here to enter text. |
|  | Amendment | | Apply edits to approved BUA using track changes | | | | | | | | | | |

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| ***This section for IBC use only*** | | |
| *BUA #* | *Approval Date* | *Expiration Date* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| *NIH Recombinant DNA Designation* | *Biosafety Level* | *Lab Audit Status* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Submission Guidelines To prevent any delays in the approval process, consider the following: |
| * Review CDC [BMBL](https://www.cdc.gov/labs/BMBL.html) and [NIH Guidelines](https://osp.od.nih.gov/biotechnology/nih-guidelines/) * Refer to [Sample completed BUA application](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) for guidance * Ensure all lab personnel have completed the appropriate safety training. See [Biosafety Training Information](https://www.sjsu.edu/research/research-compliance/ibc/ibc-training.php) for guidance * Confirm that any issues noted in your last lab safety audit have been resolved. * For BSL-2 agents: Schedule a biosafety inspection ([biosafety@sjsu.edu](mailto:biosafety@sjsu.edu)) |

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| Type of Activity (Check Only One): Submit separate BUA applications for research activities and teaching activities | | | | | | |
|  | **Research** | | | | | |
| This registration is designed to encompass the **research activities involving recombinant or synthetic nucleic acid molecules and biohazardous materials** occurring in the lab in a comprehensive manner, and is thus not limited to a specific grant or project. Please list below all grants/projects to be covered by this application, whether funded or not (note: all biohazardous materials related to each listed grant/project must be completely described on this application). | | | | | |
| General Project Title: |  | | | | |
| Grant/Project Title(s) | | | Grant Dates | Granting Agency/Award # | SJSU Account # |
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|  | **Teaching**  This registration is designed to encompass the **teaching activities involving recombinant or synthetic nucleic acid molecules and biohazardous materials** occurring in the class in a comprehensive manner. If two or more sections of the course are taught with the same biological hazards and standard operating procedures, a single BUA can be submitted. For such scenarios, the department chair has the authority to designate a faculty or staff member (e.g., the course coordinator) to submit the BUA. Each instructor teaching a section of the course described in the BUA must sign the signature page. Otherwise, each class should have its own BUA. | | | | | |
| Course Name(s)/Number(s): | |  | | | |
| Semesters held: | |  | | | |

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| Associated Institutional/Agency Approvals Additional protocol submissions may be required if work involves human or animal (vertebrate) subjects. Note, you can submit your BUA for approval before getting the other approvals, but work on the project cannot commence until all necessary approvals have been obtained. | | | | |
| Does this work involve vertebrate **animal** subjects or unfixed tissues? (requires IACUC approval)  Yes  No | SJSU IACUC # | Approved? (Y/N) | | Expiration Date |
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| Does this work involve **human** subjects or unfixed tissues? (requires IRB approval)  Yes  No | SJSU IRB # | Approved? (Y/N) | | Expiration Date |
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| Does this work involve **regulated select agents or toxins**? (may require DHHS/USDA approval)  Yes Yes, below DHHS/USDA threshold  No  If **yes**, complete the following questions:  Do you intend to culture/propagate select agents?  Yes  No  Do you intend to insert DNA from a select agent or DNA encoding select toxins into another organism?  Yes  No  Do you intend to isolate select toxins?  Yes  No | DHHS/USDA # | Approved? (Y/N) | | Expiration Date |
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| Does this work involve **human gene therapy**?  (requires FDA approval)  Yes  No | FDA/IND # | Approved? (Y/N) | | Expiration Date |
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| Research/Teaching Materials Check all that apply | |
|  | Project involves recombinant/synthetic nucleic acid molecules, recombinant/synthetic nucleic acid-containing organisms, viruses or cell cultures. **Submit** [**Attachment A**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves potential human, animal (vertebrate), or plant pathogens or infectious agents. **Submit** [**Attachment B**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves unfixed human or non-human primate organs, tissues, or cell cultures (OTCC) with proven or potential hazard to humans. (All work with human blood, human blood products, human body fluids, or other potentially infectious human materials such as brain, CNS tissues, lymphoid tissues, gut, bone marrow, and human cell cultures fall into this category. Note: human source material that has been previously fixed is excluded and does not need a BUA.) **Submit** [**Attachment C**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves the collection and analysis of environmental samples (e.g., soil, water) where biohazardous agents will be cultured from the samples or the collection location likely contains biohazards (e.g., an area with animal waste run-off). **Submit** [**Attachment D**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves biological toxins. Toxins are toxic substances produced by bacteria, fungi, protozoa, insects, animals (vertebrates and invertebrates), or plants that have the capability of causing harmful effects when inhaled, ingested, injected or absorbed. Note: Toxins not administered to cells or animals do not warrant a BUA. [Select Toxins](https://www.selectagents.gov/SelectAgentsandToxinsList.html), regardless of use, require a BUA. **Submit** [**Attachment E**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Collection or use of animals (vertebrates and invertebrates), plants, or samples that harbor zoonotic agents (e.g., wild trap animals, farm animals, and non-human primates); or collection or cultivation of plants that produce biological toxins. **Submit** [**Attachment F**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves laboratory animals (vertebrates and invertebrates) and/or plants in conjunction with materials described above in Attachment A, B, C, or E. **Submit** [**Attachment G**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves storage only of biohazardous agents. **Submit** [**Attachment H**](https://www.sjsu.edu/research/research-compliance/ibc/ibc-bua.php) |
|  | Project involves large scale production of cultures in volumes of 10 liters or more at any time, regardless of biosafety level or recombinant/synthetic nucleic acid material. **Contact IBC** ([biosafety@sjsu.edu](mailto:biosafety@sjsu.edu)) |
|  | Project involves transfer of recombinant/synthetic nucleic acid molecules into human research subjects. **Contact IBC** ([biosafety@sjsu.edu](mailto:biosafety@sjsu.edu)) |

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| Brief Non-Technical Summary In lay language, provide a few sentences describing the research purpose or course objectives, including goals, objectives, and anticipated outcomes of your work |
| Click or tap here to enter text. |

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| Experimental Procedures and Research Methodology Describe the experimental procedures that involve biohazardous material. Please include a work flow with all of the biohazards to help give the committee an understanding of your activities with these materials.  In addition, provide the appropriate Standard Operating Procedures (SOPs) as attachment(s). A detailed step-by-step protocol is not necessary, but provide sufficient information on your procedures so that the committee can complete a risk assessment. Identify:   * each biohazardous material (e.g., specific cell lines, recombinant plasmids, viral vectors, bacteria, plants, etc.) * conditions of collection, growth, and transportation * safety measures to minimize risk of exposure (i.e., PPE, biosafety cabinet or other physical containment) * spill response plan * exposure response plan * use of recombinant or synthetic nucleic acid molecules, transgenic organisms, or any related concerns * work practices and special accommodations * level of expertise of personnel performing procedures   Examples of SOPs that may be needed based on your required attachments are listed below.   * Attachment A – Recombinant DNA SOP, BSL-1 SOP * Attachment B, C, E – BSL-1 and/or BSL-2 SOP   Refer to the SOP template and sample SOPs for guidance on completing this section, however, feel free to combine the SOP information as appropriate onto a single document.  **Include your description of your work flow and list the SOPs attached to the application below.** |
| Click or tap here to enter text. |

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| Hazard and Risk Assessment | |
| Based on your risk assessment, what do you perceive to be the highest risk procedures involving your biohazards? (i.e., accidental aerosolization, injection risk) | Click or tap here to enter text. |
| What safety measures will be instituted to minimize the risk of exposure for procedures listed above? (i.e., use of a biosafety cabinet and/or centrifuge safety cups, engineered sharps) | Click or tap here to enter text. |
| Based on your risk assessment, what overall level of biosafety containment do you propose to use for this work? (Note: the overall BSL should reflect the highest level of biosafety containment to be utilized) | BSL-1  BSL-2  BSL-2+ |
| Biohazard Signs and Labels | Signs shall be posted at the lab entrance(s). Biohazard labels (stickers) shall be placed on refrigerators, freezers, biosafety cabinets, and incubators. BSL-2 signs will be authorized by the IBC chair. |

| **Containment Methods**  Procedures which may result in the generation of aerosols, splash, or sprays of biological material and safety precautions that should be followed by personnel performing these procedures are as follows: |
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| **Procedures/Equipment** | **Agent(s)/Material(s)** | **Containment** | |
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| Microbiological Growth | Click or tap here to enter text. | Biological Safety Cabinet  Benchtop  Incubator | Sealed tube/vial  Other: Click or tap here to enter text. |
| Tissue Culture/Cell Culture | Click or tap here to enter text. | Biological Safety Cabinet  Incubator | Sealed tube/vial  Other: Click or tap here to enter text. |
| Recombinant/synthetic nucleic acid molecules in cells/organisms | Recombinant/Synthetic Nucleic Acids: Click or tap here to enter text.  Cell/Organism (vertebrates and invertebrates): Click or tap here to enter text. | Biological Safety Cabinet  Other: Click or tap here to enter text. | |
| Centrifugation | Click or tap here to enter text. | Biological Safety Cabinet  Sealed tube/vial  Sealed rotor | Safety cups  Other: Click or tap here to enter text. |
| Ultracentrifugation | Click or tap here to enter text. | Biological Safety Cabinet  Sealed tube/vial | Other: Click or tap here to enter text. |
| Sonication | Click or tap here to enter text. | Biological Safety Cabinet  Sealed tube/vial | Other: Click or tap here to enter text. |
| Vortexing | Click or tap here to enter text. | Biological Safety Cabinet  Sealed tube/vial | Other: Click or tap here to enter text. |
| Homogenization / Blender | Click or tap here to enter text. | Biological Safety Cabinet  Sealed tube/vial | Other: Click or tap here to enter text. |
| Fluorescence activating cell analysis/sorting | Click or tap here to enter text. | Live cells  Other: Click or tap here to enter text. | Fixed cells  Method of fixation: Click or tap here to enter text. |
| Vacuum | Click or tap here to enter text. | Biological Safety Cabinet  0.2 µm In-line filter | Disinfectant trap  Other: Click or tap here to enter text. |
| Needles / Blades / Capillary Tubes | Click or tap here to enter text. | Disposable  Engineered Sharp | Sharps Waste Container  Other: Click or tap here to enter text. |
| Finger Prick /  Venipuncture | Click or tap here to enter text. | Disposable  Retractable Lancet Sharps | Engineered Sharp  Sharps Waste Container  Other: Click or tap here to enter text. |
| Animal (vertebrates and invertebrates) cage changing/husbandry | Click or tap here to enter text. | Biological Safety Cabinet  Laminar Workbench  Specific SOP | Respirator/N95 mask  Other: Click or tap here to enter text. |
| Surgery or necropsy of infected animals (vertebrates and invertebrates) | Click or tap here to enter text. | Biological Safety Cabinet  Respirator/N95 mask | Needle protection device: Click or tap here to enter text.  Other: Click or tap here to enter text. |
| Injection, inhalation, oral, or dermal administration to animals (vertebrates and invertebrates) | Click or tap here to enter text. | Route: Click or tap here to enter text.  Biological Safety Cabinet | Respirator/N95 mask  Other: Click or tap here to enter text. |
| Other, specify procedure and describe containment:  Click or tap here to enter text. | | | |

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| Biohazardous Materials and Waste Disinfection/Decontamination and Disposal (check applicable boxes) | |
| **Terminal inactivation and waste disposal.** Indicate your methods for terminal inactivation of the biological agent or transgenic material (microorganisms, animals (vertebrates and invertebrates), plants, plant transformation agents, tissues, etc.). **If generating multiple types of waste please clarify what waste is being disposed of in the text field after each checkbox (i.e., recombinant DNA, infectious, transgenic material, etc.).** If an autoclave will be used to inactivate waste (liquid or solid) from pathogens or medical waste, the autoclave must be certified by the county for decontamination. If you will be using a method that is not already described below, please use the “*Other*“ field at the bottom and clarify the method and reason for its use. | |
| **Liquid Waste (liquid cultures, bodily fluids, etc.):** | |
|  | 10% bleach (final concentration) with 30 minutes of contact time, then drain disposal. |
|  | Disposal by college/university technical staff |
|  | Autoclave liquids (121oC, 15 psi, 30 minutes), then drain dispose. |
|  | Not generating liquid waste. |
| **Solid Waste:** | |
|  | Disposal by college/university technical staff |
|  | Autoclave (121oC, 15 psi, 30 minutes) in red autoclave bags with an indicator (autoclave tape or steam indicator strip). |
|  | Medical waste stream (either through Barnett Medical Services or a Ca Dept of Public Health-approved terminal autoclave) in red a medical waste bag contained within a leak-proof, lidded, and labeled secondary container. |
|  | Animal (vertebrates and invertebrates) caging and bedding is:  autoclaved  treated with disinfectant: Click or tap here to enter text.  untreated, regular trash  other: Click or tap here to enter text. |
|  | Not generating solid waste. |
| **Sharps:** | |
|  | Medical waste sharps – red biohazard plastic sharps container. Sharps containers will be closed when full and transported to the medical waste accumulation site within 7 days of reaching the fill line. |
|  | Not generating sharps waste. |
| **Animal** (vertebrates and invertebrates) **carcasses, gross tissues, and preserved specimens:** | |
|  | Disposal by college/university technical staff |
|  | Incineration through  Barnett Medical Services  Other: Click or tap here to enter text. |
|  | Not generating carcass or tissue waste. |
| **Other terminal inactivation or waste disposal method not already described will be discussed below:**  Click or tap here to enter text. | |

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| **Work surfaces, instruments, equipment.** Indicate decontamination activities done by lab personnel. | | | | | | |
| Method | Contact time | Agent(s)/ Material(s) | Benchtops | Stainless Surfaces | Equipment/ Parts | Instruments/ Glassware/ Apparatus |
| Autoclave | Click or tap here to enter text. | Click or tap here to enter text. | N/A | N/A | Daily  After Use  After Spill | Daily  After Use |
| Bleach (freshly diluted to final 10% v/v) | Click or tap here to enter text. | Click or tap here to enter text. | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use |
| Bleach + rinse with 70% alcohol | Click or tap here to enter text. | Click or tap here to enter text. | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use |
| Alcohol (e.g., final 70% v/v EtOH or Isopropyl Alcohol) | Click or tap here to enter text. | Click or tap here to enter text. | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use |
| Quaternary Ammonium Agents (e.g., DC Gold) | Click or tap here to enter text. | Click or tap here to enter text. | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use |
| Other, specify: Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use  After Spill | Daily  After Use |

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| Protective Equipment Note: Appropriate lab attire (e.g., closed toed shoes, full leg/ankle/foot coverage (no shorts, ballet flats, sandals, etc.)) must be worn. Personal protective equipment (PPE) must be provided by the laboratory to all research personnel working in the facility | |
| Lab coat or gown  Safety glasses or goggles  Other: List additional PPE used in the lab:Click or tap here to enter text. | Face shield  Gloves (nitrile or latex)  N95 Mask (requires fit test, contact EH&S to schedule; see [Respiratory Protection Program](https://www.sjsu.edu/fdo/departments/ehs/safety/)) |
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| Laboratory Locations List all locations (including common equipment rooms) associated with the projects listed on this application where biohazardous material will be manipulated or stored. For each location, indicate the highest level of biological containment (the highest biosafety level (BSL)) to be used in your work and list the equipment available for the containment of the agents. **It is your responsibility to inform all shared-space investigators of the nature of your work, including the identity and use of biohazardous materials.** | | | | |
| N/A | **Laboratory Locations** | | | |
| Location (Bldg/Room) | | Shared room?  (Y/N) | BSL | Containment devices/equipment (e.g., biosafety cabinet) |
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| N/A | **Biosafety Cabinet Information**  Note – list only biosafety cabinets in your research lab space (not in core/teaching facilities) | | |
| Location | | Tag # | Certification Expiration Date |
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| Laboratory Personnel List all personnel involved with work covered under this BUA, including the principal investigator, lab manager/supervisory personnel, undergraduate/master’s students, and volunteers. If additional space is needed, place cursor in last cell and press *Tab*. While you do not need to submit an amendment to the BUA each time your lab personnel changes, you must maintain a current list of laboratory personnel and training documentation that can be produced upon request of the IBC or a lab auditor. This section does need to be updated whenever an amendment or renewal is submitted. In addition, an amendment must be submitted for a course each semester if instructional personnel changes. All instructional personnel on the BUA must also sign the signature page.  Biosafety training is required for each person listed, **including principal investigators and instructional personnel**. See [Biosafety Training](https://www.sjsu.edu/research/research-compliance/ibc/ibc-training.php) information. | | |
| **Name** | **Title** | **Email address** |
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| Health Status, Health Surveillance, and/or Immunization Program | |
| Are any special groups of workers (e.g., pregnant, immunocompromised, allergic) at greater risk for infection or disease from the use of this biohazardous material? If so, list these high risk group categories below. Additional precautions may be required to protect these individuals based on a recommendation by a medical professional (e.g., occupational or personal physician). Note – completion of this section is required for work with BSL-2 materials. | Yes No |
| Click or tap here to enter text. | |
| Are any preventative medical services recommended (e.g., Hepatitis B vaccination for human tissue culture work)? If so, describe the recommended services below. | Yes No |
| Click or tap here to enter text. | |
| Are special post-exposure prophylaxis or medical management services needed in case of accidental exposure? If so, please describe them. | Yes No |
| Click or tap here to enter text. | |

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| Material Transport “Shipping and Transporting Biological Material” training through CITI is required prior to shipment. Shipping of biological materials and other dangerous goods (e.g., dry ice, liquid nitrogen, ethanol) requires packaging by or review of packaging by an individual trained to ship such materials. The transport (shipping and receiving) of biological material may require a permit from a variety of agencies, including [USDA/APHIS](https://www.aphis.usda.gov/aphis/resources/permits), [CDC](https://www.cdc.gov/phpr/ipp/index.htm), and [DOC](https://www.bis.doc.gov/index.php/licensing). Approved permits must be on file with the IBC | | | | | |
| **Transportation** | **Yes/No** | **Agent/Material** | | **Permit required?** | |
| Within campus labs | Yes No | Click or tap here to enter text. | | N/A | |
| Domestic (local, intrastate, or interstate) | Yes No | Click or tap here to enter text. | | Yes, type: Click or tap here to enter text. | No |
| International | Yes No | Click or tap here to enter text. | | Yes, type: Click or tap here to enter text. | No |
| Transport in Dry Ice | Yes No | Click or tap here to enter text. | | N/A | |
| Transport in Ethanol | Yes No | Click or tap here to enter text. | | N/A | |
| Transport in Formalin (Formaldehyde) | Yes No | Click or tap here to enter text. | | N/A | |
| Lab Designee responsible for material transport | Name | | Click or tap here to enter text. | | |
| Email | | Click or tap here to enter text. | | |
| Phone | | Click or tap here to enter text. | | |

# Acknowledgement of Responsibilities

By checking each statement below and signing the signature page, I certify that I have read the following statements and agree that I and all listed participants will abide by those statements as well as all SJSU policies and procedures governing the use of recombinant or synthetic nucleic acid molecules, infectious agents and other biohazardous materials.

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|  | I recognize that I have a responsibility for ensuring the information provided in this application is complete, accurate and thorough by participating in the development of the BUA application and conducting a review of the protocols. |
|  | I am familiar with and agree to abide by the University's policies for research with potentially biohazardous materials based on the provisions of the NIH Guidelines and the Biosafety in Microbiological and Biomedical Laboratories (BMBL) 6th Edition including all provisions related to the shipment, transfer, and handling of these materials. |
|  | I understand that failure to comply with the NIH Guidelines may jeopardize my research grants and those of others at the University. |
|  | I am trained in good microbiological techniques and I will ensure that all laboratory staff involved with this work are adequately trained in good microbiological techniques appropriate for the work and are provided with an initial lab orientation and any additional training, instruction, and supervision needed to work safely with the biological agents and materials involved. |
|  | I understand that I am responsible to report immediately to the IBC any significant violations of the NIH Guidelines, problems with containment, and any research-related accidents or illnesses. |
|  | I agree to notify the IBC of changes in the work described herein and will submit a revised BUA to the Committee for review prior to implementing any of the proposed changes. |

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| By checking each guideline below and signing the signature page, I certify that I have **read** the following guidelines that are applicable and **agree** that I and all listed personnel will **adhere** to the specifics of the guidelines. Check N/A if not applicable. | | |
|  | [Guidelines for Working with Human Source Materials](https://www.sjsu.edu/research/research-compliance/ibc/ibc-guidelines.php) | N/A |
|  | [Guidelines for Drawing Human Blood](https://www.sjsu.edu/research/research-compliance/ibc/ibc-guidelines.php) | N/A |
|  | [EH&S Bloodborne Pathogen Program](https://www.sjsu.edu/fdo/docs/EHS_280_Bloodborne_Pathogens_Program.pdf) | N/A |
|  | [Guidelines for Research with Viral Vectors](https://www.sjsu.edu/research/research-compliance/ibc/ibc-guidelines.php) | N/A |
|  | [Guidelines for Creation, Importation and/or Breeding of Transgenic Organisms](https://www.sjsu.edu/research/research-compliance/ibc/ibc-guidelines.php) | N/A |
|  | [SJSU Waste Management Program](https://www.sjsu.edu/fdo/departments/ehs/hazardous/) | (Required) |

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| **Signatures**  This signature page of the BUA application should be signed in DocuSign and submitted as a pdf with the application**.** Please indicate the role of each signee (i.e., Principal Investigator, Co-Principal Investigator, Faculty member with shared research space or Faculty member to whom the laboratory space is assigned (if different from Principal Investigator), Instructor-in-charge (faculty teaching the lab), Course coordinator (faculty in charge of coordinating multiple sections of a lab), or Teaching Assistant (student teaching the lab)). Add additional signature pages if needed.   |  |  | | --- | --- | | Printed Name: | Click or tap here to enter text. | | Role: | Choose an item. | | Signature: |  | | Date: | Click or tap to enter a date. | |

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