SJSU SAN JOSÉ STATE UNIVERSITY

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. 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 Chair of the Institutional Biosafety Committee (IBC), Laura Miller Conrad at laura.miller.conrad@sjsu.edu.
Upon approval of the BUA, Principal Investigators will complete a BUA renewal yearly for active biosafety level 2 (BSL-2) research or every 3 years for all other research requiring a BUA (including storage only of BSL-2 materials). To amend an approved BUA, apply changes directly to the approved BUA using Track Changes. Submit the revised BUA to biosafety@sjsu.edu.

Principal Investigator Information

Name of Principal Investigator (PI)/Faculty:	D. Mel Anogaster		
Job Title:	Professor	Department:	Biological Sciences
Office Room:	Duncan Hall 00	Lab Room(s):	Duncan Hall 000
Office Phone:	408-924-0000	Lab Phone(s):	Click or tap here to enter text.
Email address:	dmelanogaster@sjsu.edu		

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.		

Lab Supervisor/Manager:	E. Coli		
Office Location:	n/a	Lab Phone:	Click or tap here to enter text.
Email address:	Click or tap here to enter text.		

After Hours Contacts	Name:	After Hours Phone:
Principal investigator	D. Mel Anogaster	408-888-8888
Responsible Personnel (optional)	E. Coli	408-777-7777
	Click or tap here to enter text.	Click or tap here to enter text.

BUA Renewal 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			

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.

Submission Guidelines

To prevent any delays in the approval process, consider the following:

- Review CDC BMBL and NIH Guidelines
- Refer to Sample completed BUA application for guidance
- Ensure all lab personnel have completed the appropriate safety training. See Biosafety Training Information for guidance
- Confirm that any issues noted in your last lab safety audit have been resolved.
- For BSL-2 agents: Schedule a biosafety inspection with IBC chair (laura.miller.conrad@sjsu.edu)

Type of Activity (Check Only One):

Submit a separate BUA application for research activities and teaching activities

☒ **Research**

This registration is designed to encompass the **research activities involving recombinant DNA 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:	Roles for Intracellular pH in cancer cell behaviors		
Grant/Project Title(s)	Grant Dates	Granting Agency/Award #	SJSU Account #
"My big fancy grant"	X/X/XXXX-Y/Y/YYYY	NIH 12345	00-0000-0000

☐ **Teaching**

This registration is designed to encompass the **teaching activities involving recombinant DNA and biohazardous materials** occurring in the class in a comprehensive manner. If two or more classes are taught with the same biological hazards and standard operating procedures, a single BUA can be submitted. Otherwise, each class should have its own BUA.

Course Name(s)/Number(s):	
Semesters held:	

Associated Institutional/Agency Approvals

Additional protocol submissions may be required if research involves human or animal 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 research involve **animal** subjects or unfixed tissues? (requires IACUC approval) ☐Yes ☒ No	SJSU IACUC #	Approved? (Y/N)	Expiration Date
Does this research involve **human** subjects or unfixed tissues? (requires IRB approval) ☐Yes ☒ No	SJSU IRB #	Approved? (Y/N)	Expiration Date

Does this research involve **regulated select agents or toxins**?(requires DHHS/USDA approval) ☐Yes ☒ No	DHHS/USDA #	Approved? (Y/N)	Expiration Date
Does this research involve **human gene therapy**? (requires FDA approval) ☐Yes ☒ No	FDA/IND #	Approved? (Y/N)	Expiration Date

Research Materials

Check all that apply

☒	Project involves recombinant/synthetic nucleic acid molecules, recombinant/synthetic nucleic acid-containing organisms, viruses or cell cultures subject to the *NIH Guidelines for Research Involving Recombinant DNA Molecules*. **Submit Attachment A**
☐	Project involves potential human, animal, or plant pathogens or infectious agents. **Submit Attachment B**
☐	Project involves unfixed human or non-human primate organs, tissues, or cell cultures (OTCC) with proven or potential hazard to humans, other animals or plants. (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 are excluded and do not need a BUA.) **Submit Attachment C**
☐	Project involves the collection and analysis of environmental samples (e.g., soil, water). **Submit Attachment D**
☐	Project involves biological toxins. Toxins are toxic substances produced by bacteria, fungi, protozoa, insects, animals, 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, regardless of use, require a BUA. **Submit Attachment E**
☐	Project involves collection of animals and plants; use of animals, plants that harbor zoonotic agents (e.g., wild trap animals, farm animals, and non-human primates); or cultivation of exotic or noxious plants. **Submit Attachment F**
☐	Project involves laboratory animals and/or plants in conjunction with materials described above in Attachment A, B, C, or E. **Submit Attachment G**
☐	Project involves storage only of biohazardous agents. **Submit Attachment H**
☐	Project involves large scale production of cultures in volumes of 10 liters or more at any time, regardless of risk group or recombinant/synthetic nucleic acid material. **Contact IBC chair** (laura.miller.conrad@sjsu.edu)
☐	Project involves transfer of recombinant/synthetic nucleic acid molecules into human research subjects. **Contact IBC chair** (laura.miller.conrad@sjsu.edu)

Brief Non-Technical Summary

In lay language, provide a few sentences describing the research purpose, including goals, objectives, and anticipated outcomes of your research

Science is important. Science is cool.

Experimental Procedures and Research Methodology

Describe the experimental procedures that involve biohazardous material by providing 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 DNA 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.

List the SOPs attached to the application below.

Recombinant DNA SOP
BSL-1 SOP

Hazard and Risk Assessment

Based on your risk assessment, what do you perceive to be the highest risk procedures? (i.e., culturing, centrifugation, aerosolization, injection)	Dissection – possible cut hazard for personnel
What safety measures will be instituted to minimize the risk of exposure for procedures listed above? (i.e., use of a biosafety cabinet for culture, centrifuge safety cups, engineered sharps)	We will use disposable scalpel blades with blades fixed to the handle. Scalpels will be disposed in the sharps container immediately after use.
Based on your risk assessment, what overall level of biosafety containment do you propose to use for this research? (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:

Procedures/Equipment	Agent(s)/Material(s)	Containment	
☒ Microbiological Growth	E. coli with recombinant DNA	☐Biological Safety Cabinet ☒Benchtop ☒Incubator	☒Sealed tube/vial ☐Other: Click or tap here to enter text.
☒ Tissue Culture/Cell Culture	Non-primate mammalian cell lines	☒Biological Safety Cabinet ☒Incubator	☒Sealed tube/vial ☐Other: Click or tap here to enter text.
☒ Recombinant DNA in vivo	Recombinant DNA: various constructs Cell/Animal: Drosophila melanogaster; cultured mammalian cells; E. coli	☒Biological Safety Cabinet ☐Other: Click or tap here to enter text.	
☒Centrifugation	Recombinant DNA and protein products from Drosophila melanogaster; cultured mammalian cells; E. coli	☒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	Recombinant DNA and protein products from Drosophila melanogaster; E. coli	☐Biological Safety Cabinet ☒Sealed tube/vial	☐Other: Click or tap here to enter text.
☒Vortexing	Recombinant DNA and protein products from Drosophila melanogaster; cultured mammalian cells; E. coli	☐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	Discarded media from cultured mammalian cells	☒Biological Safety Cabinet ☒0.2 µm In-line filter	☒Disinfectant trap ☐Other: Click or tap here to enter text.
☒Needles / Blades / Capillary Tubes	Scalpel blades for dissection of	☒ Disposable ☐ Engineered Sharp	☒ Sharps Waste Container ☐ Other: Click or tap here to enter text.

	Drosophila melanogaster		
☐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 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	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	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.			

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, 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), 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 why you are using that method.

Liquid Waste (liquid cultures, bodily fluids, etc.):	
☒	10% bleach (final concentration) with 30 minutes of contact time, then drain disposal.
☐	Decontaminated by college/university technical staff
☐	Autoclave liquids (121°C, 15 psi, 30 minutes), then drain dispose.
☐	Not generating liquid waste.
Solid Waste:	
☒	Decontaminated by college/university technical staff
☐	Autoclave (121°C, 15 psi, 30 minutes) in red autoclave bags with an indicator (autoclave tape or steam indicator strip).
☐	Medical waste stream (either through Stericycle or a Ca Dept of Public Health-approved terminal autoclave). In red medical waste bag contained within a leak-proof, lidded, and labeled secondary container.
☐	Animal 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.

☐	Non-medical waste sharps – in plastic sharps containers. Sharps containers will be closed when full and transported to a medical waste accumulation site or picked up by EH&S.
☐	Not generating sharps waste.
Animal carcasses, gross tissues and preserved specimens:	
☒	Disposal by college/university technical staff
☐	Incineration through ☐ Stericycle or Click or tap here to enter text.
☐	Not generating carcass or tissue waste.
Other terminal inactivation or waste disposal method not already described below: Click or tap here to enter text.	

Work surfaces, instruments, equipment						
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)	30+ minutes	Discarded cell culture media (mammalian cells & E. coli)	☐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)	10 minutes	Biosafety cabinet, molecular work stations	☐Daily ☒After Use ☐After Spill	☐Daily ☒After Use ☐After Spill	☐Daily ☒After Use ☐After Spill	☐Daily ☒After Use
☒Quaternary Ammonium Agents	10 minutes	Drosophila work stations	☐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

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	☐Face shield
☒Safety glasses	☒Gloves (nitrile or latex)
☒Safety goggles	☐N95 Mask (requires fit test, contact EH&S to schedule; see Respiratory Protection Program)
☐Other: List additional PPE used in the lab: Click or tap here to enter text.	

Research 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 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 research, 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)
DH 000, Melanogaster Lab	N	1	Biosafety cabinet
DH442, Microscopy Facility	Y	1	Closed dishes holding live tissue samples for imaging
DH 646, Common Equipment Room	Y	1	Sonicator, centrifuges, incubators
DH 638, Common Freezer storage	Y	1	-80º freezers holding biological samples in tertiary containment

☐ N/A **Biosafety Cabinet Information**

Note – list only biosafety cabinets in your lab space (not in core facilities)

Location	Tag #	Certification Expiration Date
DH 000	000000000	Y/Y/YYYY

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.

Biosafety training is required for each person listed, **including principal investigators**. See Biosafety Training information.

Name	Title	Email address
D. Mel Anogaster	PI	dmelanogaster@sjsu.edu
E. Coli	Lab manager/ MS student	personA@sjsu.edu
Person B	MS student	personB@sjsu.edu
Person C	MS student	personC@sjsu.edu
Person D	MS student	personD@sjsu.edu
Person E	UG student	personE@sjsu.edu
Person F	UG student	personF@sjsu.edu
Person G	UG student	personG@sjsu.edu
Person H	UG student	personH@sjsu.edu
Person I	UG student	personI@sjsu.edu

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 and describe any additional precautions that will be implemented to protect these special groups.	☐Yes ☒No
Click or tap here to enter text.	
Are any preventative medical services required (e.g., special vaccinations, serum testing)? If so, describe the required 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.	

Material Transport

"Shipping and Transporting Biological Material" training through CITI is required prior to shipment. The transport (shipping and receiving) of biological material may require a permit from a variety of agencies, including USDA/APHIS, CDC, and DOC. Approved permits must be on file with the IBC

Transportation	Yes/No	Agent/Material	Permit required?	
within campus labs	☒Yes ☐No	E. coli, cultured mammalian cells & lysates	N/A	
Domestic (local, intrastate, or interstate)	☒Yes ☐No	Transgenic Drosophila lines	☐Yes, type: Click or tap here to enter text.	☒No
International	☒Yes ☐No	Transgenic Drosophila lines	☐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	D. Mel Anogaster		
	Email	dmelanogaster@sjsu.edu		
	Phone	408-924-0000		

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 DNA, infectious agents and other biohazardous materials.

- ☒ 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 recognize that I have responsibilities for ensuring that anyone who enters my laboratory practices appropriate biosafety precautions.
- ☒ I recognize that I have responsibilities for ensuring that all listed participants conducting this work have received or will receive appropriate training in safe laboratory practices and procedures for this protocol before any work begins on this project. Also, I have a responsibility for ensuring that anyone working in or having access to spaces where this project is conducted must be instructed on the hazards associated with this project. The IBC or EH&S may review my records documenting the training or instruction and may enter my laboratory at any time to review my operations.
- ☒ I recognize that I have a responsibility to be informed (and ensure that all staff members are similarly informed) that certain medical conditions might increase an individual's risk of potential health problems when working with pathogenic microorganisms and/or animals. These conditions can include: pregnancy, immunosuppression, animal-related allergies, and chronic skin conditions. I will inform all researchers that should they have a medical condition that makes them more susceptible to infection, they should speak to their personal physician or an occupational health physician, the result of which may include modifications to PPE, work practices, or work assignments. I understand that I cannot bar individuals from working with pathogenic microorganisms and/or animals based on a medical condition, though I am required to make reasonable accommodations for an individual with such a medical condition as directed by their physician.
- ☒ I certify that I will properly classify, identify, pack, mark, label, and document shipments for transport. Any special arrangements such as notifying the consignee (receiver) of import permits for international shipments shall fall under my responsibility. I shall ensure that the consignee has obtained all necessary import permits to facilitate the safe and legal acceptance of the shipment. I am also responsible for notifying the courier for whom the package should be directly delivered. I am responsible for ensuring the package is delivered directly to the person and address indicated on the outer packaging. Obtaining export permits is my responsibility. I certify that I or other authorized personnel in my laboratory have been trained to properly package and ship the materials.
- ☒ I certify that I will inspect the package and documents and close the shipping loop by informing the shipper that the consignment has arrived. I am also responsible for reporting any leakage and, if required, obtaining any import permits. I shall ensure special arrangements are in place for the courier to directly deliver the package to the person named on the outer packaging.
- ☒ I recognize that I have a responsibility for reporting to the IBC chair immediately any spill of biohazardous material, any containment equipment or facility failure, any permitted decontamination of equipment, and/or any breakdown in procedures, which may result in potential exposure of laboratory personnel and/or the public to the biohazardous material.
- ☒ I recognize that I have a responsibility for reporting to the IBC chair immediately should an employee or student become ill and/or exhibit symptoms and signs consistent with an infection by an organism associated with my research.
- ☒ I recognize that I have a responsibility for following all the applicable guidelines as approved for this protocol.
- ☒ I recognize that I have a responsibility for submitting in writing a request for approval from the IBC of any significant modifications to the study, which could result in an increased level of risk.
- ☒ I recognize that I will not carry out the work described in this application, including all revisions, until it has been approved by the IBC.

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	☒N/A
☐	Guidelines for Drawing Human Blood	☒N/A
☒	EH&S Bloodborne Pathogen Program	☐N/A
☐	Guidelines for Research with Viral Vectors	☒N/A
☒	Guidelines for Creation, Importation and/or Breeding of Transgenic Organisms	☐N/A
☒	SJSU Waste Management Program	☐N/A

This signature page of the BUA application should be signed in DocuSign and submitted as a pdf with the application.

Signatures

Principal Investigator:	Date:
Co-Principal Investigator:	Date:
Faculty member with shared research space or Faculty member to whom the laboratory space is assigned (if different from Principal Investigator):	Date: