## Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.

SRC/IACUC/IBC approval required before experimentation.

Student's Name(s)			
Title of Project			
To be completed by the QUALIFIED SCIENTIST/DIRECT SUPERVISOR in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached.			
1. Identify			e used in this experiment. Include the strain, source, quantity nism.
2. Describe	e the biosafety level	of the experimentation s	site.
3. Describe	e the procedures tha	it will be used to minimi	ze risk (personal protective equipment, safety cabinet type, etc.).
<ol> <li>Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.         If BSL-2 laboratory, not at an RRI, include the <u>BSL-2 checklist</u> </li> </ol>			
SECTION 2: TRAINING  1. What training will the student receive for this project?			
2. Experience/training of Direct Supervisor as it relates to the student's area of research (if applicable).			
SECTION 3	: For ALL CELL LINE	 ES. MICROORGANISMS	AND TISSUES – To be completed by the QUALIFIED SCIENTIST
or Direct S	upervisor - Check tl	ne appropriate box(es) l	pelow:
Reg of t	gulated Research Inst	itution, but will be condu 2. [This study has been re	s/tissues to be used in this study will NOT be conducted at a cted at a (check one)BSL-1 orBSL-2 laboratory (include a copy eviewed by the local SRC and the procedures have been approved
or		nted Research Institution a	esistant Organisms (MDROs). It has been conducted in a BSL-2 and the required IBC pre-approval is attached.
Res	Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.		
			Date of IBC/IACUC approval
		microorganisms/cell lines IACUC or IBC approval for	s/tissues to be used will be conducted at a Regulated Research Institution, this type of study.
CERTIFICA	TION-To be SIGNE	D by the QUALIFIED SC	IENTIST or Direct Supervisor
The QS/DS has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above. This study has been approved as a (check one) $\square$ BSL-1/ $\square$ BSL-2 study, and will be conducted in an appropriate laboratory.			
QS/DS Printe	d Name	Signature	Date of review (mm/dd/yy)