



Office of the Associate Dean Science
Office of the V.P. Research

Bio-Safety Project Approval and Materials Registration

This protocol must be completed by each Principal Investigator holding a grant administered by Trent University or supervising a research project where the use of biohazardous infectious materials are described and used. This form must also be completed if animal work is proposed involving the use of biohazardous agents or animals carrying zoonotic agents infectious to humans or wildlife. Completed forms are to be sent to the Office of the V.P. Research for distribution to the Bio-Safety Committee. For questions regarding the completion of this form please contact the Bio-Safety Officer at ext 7061. Any changes to this form or to the projects described within must be completed and forwarded on to the Bio-Safety Committee for reassessment. Information on Bio-Safety at Trent can be accessed on the Web at www.trentu.ca/sciencedean.

Project # (For internal use only)

Project Description		
Principal Investigator		
Department		
Office Number		
Phone Number		
Email Address		
Location of Experimental Work to be carried out	Building	Room
For work being performed at affiliated institutions or away from Symons Campus please indicate full address. If the affiliated institution has a safety officer, their signature of approval will be required prior to review by the Bio-Safety Committee review.	Name and Address of Institution	

Title of Grant(s) Please attach a brief description of your work, such as the Research Grant Summary that explains the biohazards used as well as the hazard risk assessment.	
Funding Agency/Agencies	
Names of all personnel working under the Principal Investigator in the location listed above:	
1.	4.
2.	5.
3.	6.

1.0 Microorganisms				
Does your work involve the use of microorganisms? Yes <input type="checkbox"/> No <input type="checkbox"/> If not proceed to 2.				
Name of Microorganism	Is the micro-organism known to be a human pathogen?	Is the micro-organism known to be an animal pathogen?	Is the microorganism known to be a zoonotic agent?	Maximum quantity to be cultured or in possession at any one time?
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
For the above named organism(s) indicate the HC or CFIA Containment Level required. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>				
What is the risk group (HC) of the microorganism?				
What is the source of the microorganism?				

2.0 Cell Culture		
Does your work involve the use of cell cultures? Yes <input type="checkbox"/> No <input type="checkbox"/> If no proceed to 3.		
Cell Type	Is this cell type used in work?	Established or Primary* (*derived from fresh tissue)
Human	Yes <input type="checkbox"/> No <input type="checkbox"/>	Established <input type="checkbox"/> Primary <input type="checkbox"/>
Rodent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Established <input type="checkbox"/> Primary <input type="checkbox"/>
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	Established <input type="checkbox"/> Primary <input type="checkbox"/>
Supplier of primary cell culture tissue?		
List specific cell lines.		
For above named cell types circle HC or CFIA containment level required: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		

3.0 Use of Human Source Materials		
Does your work involve the use of human source materials? Yes <input type="checkbox"/> No <input type="checkbox"/> If no proceed to 4.		
Indicate if the following will be used in the lab.		
Human blood (whole) or other bodily fluids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Human blood (fraction) or other bodily fluids?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Human Organs (unpreserved)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Human tissues (unpreserved)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.

4.0 Genetically Modified Organisms and Cell Lines		
Will genetic modifications be made to the organism or cell line? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please proceed to 5.0		
Will genetic sequences from the following be involved?		
Genes from any CDC class 1 pathogens	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Other human or animal pathogen and/or their toxins	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Will intact genetic sequences be used from SV 40 Large T antigen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Will intact genetic sequences be used from known oncogenes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify.
Will a live vector(s) (viral or bacterial) be used for gene transduction?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, name vector.
Will virus be replication defective?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will virus be infectious to humans or animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will this be expected to increase the containment level required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

5.0 Animal Experiments	
Will any of the agents listed be used in live animals?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of animal species to be used:	ACC Protocol Number
If using murine cell lines, have they been tested for murine pathogens?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6.0 Use of Animal Species with Zoonotic Hazards	
Will any animals or their organs, tissues, lavagges or other bodily fluids including blood be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>

7.0 Biological Toxins	
Will toxins of biological origin be used? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please proceed to 8.0	
If yes, please name the toxin:	
What is the LD ₅₀ of the toxin?	

8.0 Import Requirements	
Will the agent be imported? Yes <input type="checkbox"/> No <input type="checkbox"/> If no please proceed to 9.0	
Has an Import permit been obtained from HC for human pathogens?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an Import permit been obtained from CFIA?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a letter from HC indicating that an HC permit is not required, been obtained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a copy of the permit been sent to the BSO?	Yes <input type="checkbox"/> No <input type="checkbox"/>

9.0 Training Requirements for Personnel named on Form	
<p>All personnel named on the above form who will be using any of the above named agents are required to attend the following training course given by the Health and Safety co-ordinator and the BSO.</p> <ul style="list-style-type: none"> • Bio-Safety • WHMIS <p>As the principal investigator, I have ensure that all of the personnel named on the form who will be using any of the biohazardous agents in Sections 1-8 have been trained.</p>	
Signature	Date

10.0 Containment Levels		
For the work described above please circle HC or CFIA containment level required: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
Has the facility been certified by the Bio-Safety Committee for this level of containment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please give the date and permit number.

Principal Investigator Commitment		
I, _____ agree to conduct my research in accordance with all of the regulations and guidelines (Federal, Provincial and Institutional) which this project may fall under. I agree that all of the information above is accurate to the best of my knowledge and I agree not to change the project, with the exception of improving safety, without notifying and getting the approval of the Bio-Safety Committee first.		
Signature of Principal Researcher		Date

Approvals Trent Bio-Safety Committee		
Chair, Bio-Safety Committee – Dr. James Parker, AVP Research		Date
Bio-Safety Officer – Chris Williams		Date
Health and Safety Officer – Bill Gibson		Date
External Safety Officer Signature		Date