Protocol Title:

Appendix H – Biohazards and Animals Summary

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| Institutional Biosafety Committee (IBC) CoordinationThe principal investigator/instructor (PI) is responsible for ensuring that all special requirements (e.g., PPE, agent handling/containment, animal handling/containment, and waste disposal) are conducted in accordance with the provisions set forth by the IBC and that the procedures described in this animal use protocol comply with all applicable OSU, state, and federal regulations. IACUC approval shall be withheld until the PI has submitted an IBC protocol for approval. |
| This appendix and all relevant information of this animal protocol have been reviewed for IBC compliance. I hereby assure that the procedures/practices described are in accordance with the PI’s approval to work with the items listed.  |
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| --- | --- | --- |
|  |  |  |
| Institutional Biosafety Committee Chair/Officer |  | Date |

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1. **IBC Protocol Number:**       **IBC** **Protocol Expiration Date:**
2. **PI name(s) on IBC Protocol:**
3. **Agents/Toxins that will be used:**  (Check all applicable categories and complete the table)

|  |  |  |
| --- | --- | --- |
| **Agent Category** | **List genus, species, and strain (if applicable)** | **Recombinant?** |
| [ ]  Bacterial |       | [ ]  Y [ ]  N |
| [ ]  Biological Toxin |       | [ ]  Y [ ]  N |
| [ ]  Fungal |       | [ ]  Y [ ]  N |
| [ ]  Parasitic  |       | [ ]  Y [ ]  N |
| [ ]  Prion  |       | [ ]  Y [ ]  N |
| [ ]  Viral |       | [ ]  Y [ ]  N |
| [ ]  r(s)NA Construct |       | [ ]  Y [ ]  N |

1. **Agent/Toxin Pathogenicity/Toxicity:** (Check all that apply and provide a description)

[ ]  Non-pathogenic/Non-toxic [ ]  Humans [ ]  Animals [ ]  Plants

1. **Agent Dosage Regimen and Administration:**  (Complete the dosage regimen table for each agent and briefly describe how agent(s) will be administered.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agent (Genus/species/strain)** | **Animal (Genus/species/strain)** | **Concentration** | **Dosage** | **Route** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

1. **Project Location(s):**

Laboratory (bldg/rm):       Animal Housing (bldg/rm):

1. **Necropsy**

Will necropsy be performed on animals? [ ] Yes [ ] No

Will a BSC be used for the necropsy? [ ] Yes [ ] No If yes, location (bldg/rm):

1. **Required Waste Disposal Procedures:**

**Carcasses** [ ]  Autoclave + Landfill (infectious only)

* Specify autoclave time, temperature and pressure

[ ]  Incineration (rDNA only)

[ ]  Autoclave + Incineration (infectious & rDNA)

* Specify autoclave time, temperature and pressure

**Animal waste** [ ] autoclave [ ] regular trash/sanitary sewer

**Bedding** (if applicable) [ ] autoclave [ ] regular trash/sanitary sewer

1. **Required Personal Protective Equipment (PPE)**

Before exposure to agent/toxin:

During exposure to agent/toxin:

After exposure to agent/toxin:

1. **AR Information:**

Will AR personnel be caring for the animals? [ ] Yes [ ] No

If yes, describe AR personnel responsibilities:

**Effective disinfectant(s) for use in AR facilities** (check all that apply)**:**

[ ]  Coverage Spray TB [ ]  Quatricide PV-15

[ ]  2% chlorhexidine solution [ ]  Virkon S

[ ]  70% ethanol solution [ ]  Other: