

INSTITUTIONAL BIOSAFETY COMMITTEE

## **University of Scranton New Investigator Registration Sheet**

**Overview:** The University of Scranton Institutional Biosafety Committee will review this document and contact you regarding specific forms, if any, that will be required for institutional approval of your work.

Name of Principal Investigator:		vestigator:	Department:
Title of Pr	oject:		
Proposed S	Start Date	of Project:	Expected Duration of Project:
The propo	sed work v	will involve the following:	
□YES	□NO	Recombinant DNA	
□YES	□NO	Transgenic Organisms	
□YES	□NO	Human Body Fluids, Tissu	ues and/or Cell lines
□YES	□NO	Plant or animal pathogens vectors	, toxins, federally regulated agents and toxins, viral
□YES	□NO	Radioisotopes (If YES, Ra	adiation Safety Committee approval required.)
□YES	□NO	Animal Subjects (If YES,	IACUC approval is required.)
□YES	□NO	Human Subjects (If YES,	IRB approval is required.)
			(two pages maximum including information pertaining nan materials, attach MSDS documentation.
	a descript ardous ma		use to dispose of human materials or decontaminate
		ersonnel and any training and e proposed project.	or personal protective equipment needed for those
Signature <sub>-</sub>			Date
Return to:	Office o	onal Biosafety Committee f Research and Sponsored Pro Rm203, University of Scranto	

(rev. 9/10)