

BIOHAZARDOUS MATERIALS PROJECT-SPECIFIC INFORMATION

As stated by the University of Ottawa Biosafety Committee and in the Public Health Agency of Canada's *Laboratory Biosafety Guidelines*, Canadian funding agencies require that institutions provide proof of compliance with federally-mandated biohazard regulations before funding can be released. It is for this reason that each project involving biohazardous material must be reviewed prior to the release of research funds.

Certificate holder:

Biohazardous Material Use Certificate number:

A. Project information

Title

RE #	SOURCE OF FUNDING	START DATE	END DATE	RENEWAL DATE

Please provide two descriptions of the research project:

1. **A technical summary outlining the experimental techniques and design, and the manipulation of biohazardous material undertaken as part of the project**
2. **A layperson's summary**

B. Collaborations

Are you currently collaborating with other researchers on this project? Yes No

If yes, please provide the name(s) of the collaborator(s) and the institution(s) with which they are affiliated.

Will this collaboration require transfer of biohazardous agents between laboratories? Yes No

C. Risk and containment levels

The CFIA and international bodies classify risk level according to the biological agent(s) being manipulated. An agent's containment level (CL) may be greater or lesser than its risk level, as the CL is dependent on the available engineering controls and operational practices (http://www.phac-aspc.gc.ca/publicat/lbg-ldmbl-04/ch2_e.html). Please indicate the risk and containment levels at which you are requesting authorization.

Risk Level-1

Risk Level-2

Risk Level-3

TBD

CL-1

CL-2

CL-3

TBD

D. Biological material

Will this project include any of the following?

- Viral vectors (i.e. retroviral, lentiviral, adenoviral)? If so, please indicate which.

- Stem cells: If so, please indicate which. _____
- Prions: _____
- Recombinant DNA: If so, please answer the following:
1. Describe the source of the DNA (organism, species, strain).

 2. Describe the recipient organism of the DNA (organism, species, strain).

 3. Will there be a deliberate attempt to express a foreign gene? _____
If so, describe how the expression of the inserted gene will differ from the non-modified organism. _____
- Large volumes (>10L) of biological material: If so, please indicate the agent and volume.

- High titer concentrations: If so, please indicate the agent and concentration.

E. Additional authorization

	YES	PERMIT #	NO	PENDING
RADIATION				
ANIMAL CARE AND VETERINARY SERVICES (ACVS)				

F. Decontamination procedures

DISINFECTANT		
Liquid waste <input type="checkbox"/> 10% sodium hypochlorite <input type="checkbox"/> Autoclave <input type="checkbox"/> Other (please specify) _____	Solid waste <input type="checkbox"/> 10% sodium hypochlorite <input type="checkbox"/> Autoclave <input type="checkbox"/> Incineration <input type="checkbox"/> Other (please specify) _____	Surface decontamination <input type="checkbox"/> 10% sodium hypochlorite <input type="checkbox"/> 70% ethanol <input type="checkbox"/> Accelerated hydrogen Peroxyde (i.e. Accel) <input type="checkbox"/> Triton X-100 <input type="checkbox"/> Other (please specify) _____

Please indicate the contact time listed in the decontamination protocols for your biological agents.

CONTACT TIME		
Liquid waste	Solid waste	Surface decontamination

G. Inventory of biological material

Please complete the *Inventory of Biological Material* (appendix 1) and list the biological material manipulated as part of this project.

H. Declaration and signature

I understand that project approval is contingent on my compliance with the applicable acts, regulations and guidelines pertaining to human and animal pathogens, zoonotic agents and toxins. I am fully aware of the potential dangers associated with the biohazardous materials listed in this application. I certify that the information provided herein is complete and accurate and consistent with any proposal(s) submitted to external funding agencies. I agree to comply with all conditions which may be attached to this certificate and to undertake the authorized research in an ethical manner.

Applicant's signature

Date

Biosafety Specialist review

- PROJECT APPROVED
- PROJECT NOT APPROVED

Recommendations or reasons for decision

Biosafety Committee approval

- PROJECT APPROVED
- PROJECT NOT APPROVED
- PROJECT EXEMPT
- PROJECT REFERRED TO THE FULL COMMITTEE

Assistant Director, Radiation and Biosafety

Date

