

Application for Exemption of Recombinant DNA Experiments

Principal Investigator (PI):	
Indicate one of the following:	Faculty Senior Researcher Staff Student
Department(s):	
PI E-mail Address:	
PI Office Address:	
PI Office Phone:	
PI Office Fax:	
Co-Investigator(s):	
Indicate one of the following:	Faculty Senior Researcher Staff Student
Department(s):	
Co-Investigator(s) E-mail Address:	
Co-Investigator(s) Phone:	
Project Title:	
Department(s):	
Funding Agency/Sponsor:	
Laboratory(ies) where rDNA work will be conducted & what type of work will be done in each facility:	

Funding Agency/ Sponsor:

- Please submit the full proposal along with this registration (note that salary information may be redacted and appendices need not be submitted) to the IBC office.

1. Description of the project:

2. What type(s) of rDNA experiment will you be conducting; (check all that apply):

Working with or transporting transgenic Animal(s) (i.e.; transgenic mouse) _____
rDNA gene _____
Other: _____

3. Source(s) and nature of inserted DNA or RNA:

- a.) Genomic _____
cDNA or mRNA _____
Other (Specify here): _____
- b.) Name of Gene(s) _____
- c.) Size of Gene(s) _____
- d.) Activity/ Function of Gene(s) _____
(i.e.; tissue inhibitor, reporter/marker gene)
- e.) Will a deliberate attempt be made to obtain expression of a foreign gene?
No _____
Yes _____
What protein or RNA will be produced? _____

4. Risk Group:
 Refer to Appendix B: *Classification Human Etiologic Agents on the Basis of Hazard* for further clarification.

Do your proposed experiment(s) fall within Risk Group 1?

	Risk Group 1 (RG-1)	Agents that are not associated with disease in healthy adult humans.
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5. Physical containment level:
 Refer to Appendix G Section III of the NIH Guidelines and Biosafety in *Microbiology and Biomedical Laboratories, 4th Edition* for further explanation of Biosafety Levels.

Do your proposed experiment(s) fall within Biosafety Level 1?

	Biosafety Level 1 (BL-1)	Suitable for work involving agents of unknown or minimal potential hazard to laboratory personnel and the environment.
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6. If this study involves the use of any of the following items, please check appropriately:

AGENTS	Pending	YES	APPROVAL NUMBERS	SPECIFIC AGENTS: (SOURCE/ORIGIN)
Radioactivity/X-ray			(RIC #)	
Carcinogens/ Mutagens				
Human Tissue/ Cells			(IRB #)	
Animals			(IACUC #)	
Other biohazards				

Recombinant DNA Agreement Policy

As the Principal Investigator of this project:

- I am aware of and agree that according to the NIH Guidelines for Research Involving Recombinant DNA Molecules, University research policies and other applicable regulatory requirements that my experiments fall within the Exempt Category.

In addition, I agree to abide by the following requirements:

- If my experiments expand to encompass rDNA work that fall within the NIH Guidelines, I will submit a New Recombinant DNA Protocol Application before initiating those experiments;
- I will follow appropriate Biosafety Level laboratory techniques required in this project;
- I will comply with shipping requirements for recombinant DNA materials, as appropriate;
- I will train the staff in good microbiological practices and techniques required to ensure safety for this project, and in the procedures for dealing with accidents and waste management;

As the Principal Investigator of this protocol, I acknowledge and agree with all the information that has been sent to the IBC:

Please send this document to the IBC by e-mail as a word attachment and then a signed hard-copy should be sent via campus mail to the IBC office:

Principal Investigator's Signature Date

Co-Investigator's Signature Date

Please return a copy of the signature page to:

**Office of Research Administration
Attn: Maureen Dore-Arshenovitz
Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7230**

**Campus Address:
657 Sears Library Bldg.
Location Code: 7230**

Committee Use Only:

IBC Protocol # _____

Received: _____

Review Date: _____

Approval Date: _____

On behalf of the IBC, I certify that the experiments listed in this application fall within the Exempt category according to the NIH Guidelines for Research Involving Recombinant DNA Molecules, University research policies and other applicable regulatory requirements.

IBC Chairperson's Signature* Date

*The Chairperson's signature represents the vote of the IBC only and does not represent his/her personal approval of this research project.