

 The University of Texas at El Paso

**Institutional Biosafety Committee**

**Appendix C Form**

*Instructions:* Forms need to be completed and submitted via [IRBNet](http://www.irbnet.org/) on the 1st of every month. Submissions entered after the two weeks from the meeting date will be considered for review at the following meeting. Meeting dates are posted on the [IBC website](http://research.utep.edu/Default.aspx?tabid=58993). Any questions contact the IBC office at ibc@utep.edu.

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| **C.** **APPENDIX C: RISK GROUP 3 ORGANISMS***See also, the NIH guidance document, Biosafety Considerations for Research with Risk Group 3 Organisms,* <http://osp.od.nih.gov/sites/default/files/NIH_Guidelines.html#_Toc446948325> |
| **Question:** | **Agent:**       | **Agent:**       | **Agent:**       |

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| --- | --- | --- | --- |
| **C.1** Provide the building and room # where experiments will be conducted |       |       |       |
| **C.2** Describe pathogenicity ( include disease incidence and severity) |       |       |       |
| **C.3** Provide the route of transmission |       |       |       |
| **C.4:** Describe agent stability  |       |       |       |
| **C.5:** List the infectious dosage  |       |       |       |
| **C.6:** Provide the concentration (number of infectious organism per unit volume) and the volume of the concentrated material being handled.  |       |       |       |
| **C.7:** Provide the origin of the infectious material (may refer to geographic location, host or nature of source).  |       |       |       |
| **C.8:** Is there an effective prophylaxis or therapeutic intervention available? | [ ]  **NO** [ ]  **YES** If **yes,** list prophylaxis or therapeutic intervention      | [ ]  **NO** [ ]  **YES** If **yes,** list prophylaxis or therapeutic intervention      | [ ]  **NO** [ ]  **YES** If **yes,** list prophylaxis or therapeutic intervention      |
| **C.9:** Is medical surveillance recommended prior to commencement of work | [ ]  **NO** [ ]  **YES**  | [ ]  **NO** [ ]  **YES**  | [ ]  **NO** [ ]  **YES**  |
| **C.10** What systems are you using to propagate or study the agent(s) listed? |       |       |       |
| **C.11:** Will needles, glassware or other sharps be used while working with risk group 3 organisms? | [ ]  **NO** [ ]  **YES** If **yes**, list the sharp(s) to be used and describe what precautions will be taken by the PI and lab personnel to minimize the exposure risk.      | [ ]  **NO** [ ]  **YES** If **yes**, list the sharp(s) to be used and describe what precautions will be taken by the PI and lab personnel to minimize the exposure risk.      | [ ]  **NO** [ ]  **YES** If **yes**, list the sharp(s) to be used and describe what precautions will be taken by the PI and lab personnel to minimize the exposure risk.      |
| **C.12:** Will risk group 3 organisms be used in animals?  | [ ]  **NO** [ ]  **YES** If **yes**, describe route of transmission.      | [ ]  **NO** [ ]  **YES** If **yes**, describe route of transmission.      | [ ]  **NO** [ ]  **YES** If **yes**, describe route of transmission.      |
| **C.13** What is the availability of data from animal studies (pathogenicity, infectivity and route of transmission in animals)? |       |       |       |
| **C.14** Provide agents Safety Data Sheet **(SDS)** if available, upload into IRBNet or with application (Formerly known as Material Safety Data Sheets [MSDS]).  |