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THE STATE UNIVERSITY OF NEW JERSEY

Rutgers Environmental Health & Safety Dept.
Building 4086, Livingston Campus
Rutgers, The State University of New Jersey
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Piscataway, NJ 08845

http://rehs.rutgers.edu/
732-445-2550
Fax: 732-445-3109

# Registration Document for Field Test of Transgenic Organism/Product

**REHS USE ONLY:** REHS Reg. No.:_____ Biosafety Level: _____

Please type or print clearly.

1. Principal Investigator:_____ Telephone:_____
   Title:_____ Campus:_____
   Department:_____ Email Address:_____

2. Project title:_____
   Entire Project Period: From:_____ To:_____
   Project Site: Building/Farm:_____ Room/Field:_____

3. Source of DNA:_____
   If the source of DNA is a virus, is more than 2/3 of the viral genome used? Yes:_____No:_____
   Is a helper virus used? Yes:_____No:_____

4. Specify the nature of the inserted DNA sequence:_____
   _____

5. Host cells (species and strains):_____
   _____

6. Vectors (specific phage or plasmid):_____
   _____

7. Do you foresee any toxic or hazardous compounds being produced? Yes:_____No:_____
   If yes, describe:_____

8. What are the scientific and common names of the transgenic organism/product generated by this experiment?_____
   _____

9. Are transgenic organism/product obtained from an entity outside Rutgers University?
   Yes:_____No:_____
   If yes, describe: _____

10. When will transgenic organism/product be released into the field?_____
    _____

11. What precautions will be taken to isolate the transgenic organism/product from naturally occurring infertile organism/product in the area? _____
    _____
    _____

12. Describe the termination procedures for this field trial:_____
    _____

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13. What precautions will be taken to eliminate the possibility that transgenic progeny arise from this field test: _____

14. Please list and attach any additional authorizations or permits (e.g., USDA Courtesy Permit, EPA Experimental Use Permit) required for the implementation of this field test:_____

15. Describe methods used to kill and dispose of transgenic materials:_____

16. Attach an abstract or summary of this project.

17. Investigator's Assessment of Potential Risk

    a. At what biosafety level is this agent/material regulated?_____

    b. Primary regulatory authority (check all that apply):

    ☐ CDC/NIH Guidelines (www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm)

    ☐ OSHA Bloodborne Pathogen Standard (www.osha-slc.gov/OshDoc/Fact_data/FSNO92-46.html)

    ☐ NIH rDNA Guidelines (www4.od.nih.gov/oba/guidelines.html)

    ☐ USDA/APHIS (www.aphis.usda.gov/biotech/)

    ☐ Other:_____

    c. Does the experimental material possess any traits (e.g., antibiotic resistance pattern, route of transmission concentration) which would elevate the required level of biological containment?

    _____

    _____

    d. At what biosafety level will the proposed work be performed?_____
    Has your laboratory been approved by REHS at the appropriate biosafety level?_____

18. I acknowledge my responsibility for the safe conduct of this research in accordance with Section IV-B-5 of the NIH Guidelines. I will inform all associated personnel of the nature and risks of this work and of necessary precautions and safe practices for this work.

    Principal Investigator Signature:_____Date:_____

Note:

1. Send the completed form to the following address: REHS, Building 4086, Livingston Campus. If you have questions about this form's applicability or need assistance in completing it, contact REHS at 732/445-2550.

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2. If you have more than one research project in which the proposed recombinant DNA research is used, provide such information as (a) the project title and (b) the entire project period.

**University Biosafety Committee Action**

A. The University Biological Safety Officer reviewed this registration document and:
_____ approved it pending ratification by the University Biosafety Committee
_____ approved it pending approval by the University Biosafety Committee
_____ needs to receive additional information as indicated: _____
_____

Signed by: _____ Date: _____
University Biological Safety Officer

B. A copy of the CDC/NIH blue book is enclosed for your information.

Signed by: _____ Date: _____

C. The University Biological Safety Officer visited the laboratory and approved it at biosafety level _____containment on_____.

D. The University Biosafety Committee ratified/approved this registration document at the biosafety level_____containment on_____.