

### Registration Document for Field Test of Transgenic Plants

**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 plants generated by this experiment?  
\_\_\_\_\_
9. Are transgenic seeds, seedlings, or plants obtained from an entity outside Rutgers University?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, elaborate: \_\_\_\_\_
10. Where will transgenic seeds be stored? \_\_\_\_\_
11. When will transgenic seeds, seedlings or plants be released into the field? \_\_\_\_\_  
\_\_\_\_\_
12. How will the test plot be labeled to identify it as an area containing transgenic materials? \_\_\_\_\_  
\_\_\_\_\_
13. How will the transgenic plants be distinguished from surrounding non-transgenic plants? \_\_\_\_\_  
\_\_\_\_\_

14. Will the plants be permitted to flower? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If so, will pollinating insects be excluded from the test site? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, how will this be accomplished? \_\_\_\_\_  
\_\_\_\_\_
15. Will other wildlife (deer, squirrels, rodents, etc.) be excluded from the test site? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
If yes, how will this be accomplished? \_\_\_\_\_  
\_\_\_\_\_
16. What precautions will be taken to isolate the transgenic plants from naturally occurring or commercially grown infertile plants in the area? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Might the transgenic plant transfer genetic material into indigenous plants? Yes: \_\_\_\_\_ No: \_\_\_\_\_
18. When will transgenic plants be harvested? \_\_\_\_\_
19. Describe the termination procedures for this field trial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Describe methods used to kill and dispose of transgenic materials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. What precautions will be taken to eliminate the possibility that transgenic volunteers arise from this field test? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
23. Attach an abstract or summary that describes the methods and goals of this project.
24. 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/bmb14/bmb14toc.htm](http://www.cdc.gov/od/ohs/biosfty/bmb14/bmb14toc.htm))
  - OSHA Bloodborne Pathogen Standard ([www.osha-slc.gov/OshDoc/Fact\\_data/FSNO92-46.html](http://www.osha-slc.gov/OshDoc/Fact_data/FSNO92-46.html))
  - NIH rDNA Guidelines ([www4.od.nih.gov/oba/guidelines.html](http://www4.od.nih.gov/oba/guidelines.html))

USDA/APHIS ([www.aphis.usda.gov/biotech/](http://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?

\_\_\_\_\_

25. I acknowledge my responsibility for the safe conduct of this research in accordance with Section IV-B-4 of the NIH Guidelines and 7 CFR 330 and 340, Animal and Plant Health Inspection Service, USDA. 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.
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 \_\_\_\_\_.