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

Created on 1/4/2008