**UAB Office of Research Safety Committees and Environmental Health & Safety**

**Project Registration Form for All Projects/Grants Involving Potentially Hazardous Materials**

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| **Section I: DEMOGRAPHICS** | | | | | | | | |
| **Check all that apply for PI**: Ph.D. M.D. Post Doc D.V.M. D.D.S. O.D. Other (Specify): \_     \_\_\_\_\_ | | | | | | | | |
| **Principal Investigator (PI)**  **Blazer ID** |  | **Last Name** | |  | | **First Name** | |  |
| **PI**  **Email** |  | **PI Work Address**  **Bldg, room** | |  | | **PI Work Phone** | |  |
| **UAB Affiliation (Department, Center, or Institute)** | | Comprehensive Cancer Center (CCC) | | | | | | |
| **Check all that apply for secondary**: Ph.D. M.D. Post Doc D.V.M. D.D.S. O.D. Other (Specify): \_      \_\_\_\_\_ | | | | | | | | |
| **Secondary**  **Blazer ID**  **(where applicable)** |  | **Last Name** | |  | | **First Name** | |  |
| **Secondary**  **Email** |  | **Secondary**  **Work Phone** | |  | | **Mentor’s Name**  **(if applicable)** | |  |
| **Project/Grant Title** | *Please note: Title submitted* ***must match*** *title submitted to IACUC, IRB, and/or OSP* | | | | | | | |
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| **Location of Project**  **List each building and individual room to be used for the project.** | |  |  | | --- | --- | | **Building** | **Room** | |  |  | |  |  | |  |  | | | **Check All that Apply:** | | New | | Non-Comp. Renewal/Update | |
|  |  | |  | | Modification | | Core/SPORE | |
|  |  | |  | | Competitive Renewal | | Previous EH&S # | |
| **Funding Source** | External Grant/Study Sponsor/Industry Funded; specify\_      \_\_\_\_\_\_\_\_  Private Business in UAB facility; specify\_     \_\_\_\_\_  UAB Internally Funded; specify: \_     \_\_\_\_\_ | | | | | | | |
| In the space below, provide a brief description of the proposed work, including both *in vitro* and *in vivo* portions. For modifications, HIGHLIGHT all changes and/or additions. **DO NOT** state *“See attached form,” or copy and paste long portions of the grant.*      **Attach** an electronic copy of **the grant**, study plan, methodology portion of the grant, or most recent Progress Report. | | | | | | | | |

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| **Section II: RADIOACTIVE MATERIAL OR RADIATION PRODUCING MACHINES** |
| **Does the project involve the use of Radioactive Material or Radiation Producing Machines?**  If “Yes” check here  and complete the following. If “No” check here  and proceed to Section III.  **A resource for radiological human subjects research, including effective radiation dose and informed consent documents:**  <http://www.uab.edu/ohs/radiation-research-resources>  **Select “Checklists and Forms” for specific procedures.** |

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| **Radioactive Materials** | | | | | |
| **License Number:**  (if applicable) |  | **Licensee Last Name:** |  | **Contact Phone Number:** |  |
| **Isotope or Radiopharmaceutical Used**  **(Check all that apply)** | **Amount**  **(mCi)** | **Chemical Form** | **Used in**  **Cell/Tissue Culture?**  **(yes or no)** | **Administered to Human Subjects?**  **(yes or no)** | **Administered to Animals –**  **specify species** |
| **Iodine - 125** |  |  |  |  |  |
| **Iodine - 131** |  |  |  |  |  |
| **Yttrium - 90** |  |  |  |  |  |
| **Technetium – 99m** |  |  |  |  |  |
| **Indium – 111** |  |  |  |  |  |
| **Other:      \_\_\_\_\_\_** |  |  |  |  |  |
| **Radiopharmaceutical: \_\_\_               \_**  \*If using, name Authorized Physician User below |  |  |  |  |  |
| **Radiopharmaceutical: \_\_\_               \_** |  |  |  |  |  |
| **Received from the UAB Cyclotron or Radiopharmacy?** | | | | | |
| **Name of Authorized Physician User for administering radiopharmaceuticals and/or conducting imaging procedures:** | | | | | |

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| **Radiation Producing Machines** | | | | |
| **Radiation Producing Machines** | **Maximum Number of Procedures or Scans per Subject** | **Building and room number where will procedures or scans be performed** | **How many procedures or scans are considered SOC?** | **If greater than Standard of Care,**  **provide justification below** |
| **X-Ray**  **Injected contrast** |  |  |  |  |
| **DXA** |  |  |  |  |
| **CT**  **Injected contrast** |  |  |  |  |
| **PET**  \*List radiopharmaceuticals in Radioactive Materials list above |  |  |  |  |
| **Laser:** |  |  |  |  |
| **Other:** |  |  |  |  |
| Will this be submitted to the WIRB? No Yes Is there a Human Subjects Protocol (HSP) for this study? No Yes  Date reviewed/cleared by the Protocol Review Committee (PRC, formerly CTRC), if applicable:  If so, **include copy of Radiology New Protocol Review Report** with document submission. | | | | |
| In the space below, please briefly describe how radioactive materials and/or radiation producing machines will be used:    **Attach electronic copy of** **Protocol,** **Informed Consent,** **HSP and** **other Supporting Documentation.** | | | | |

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| **Section III: CHEMICALS** | | | | | | | | | |
| **Does the project involve the use of chemicals?**  **If “Yes” check here  and complete the following. If “No” check here  and proceed to Section IV.** | | | | | | | | | |
| **Does the project/grant involve the use of Carcinogenic, Mutagenic, or Teratogenic Chemicals?** **No** **Yes (specify below)**  **Does the project/grant involve the use of Toxic Chemicals, Toxins, or Toxic Products? No Yes (specify below)** | | | | | | | | | |
| **Chemical Name** | **Is it Aerosolized (yes or no)?** | **Toxic**  **(yes or no)?** | **Carcinogenic**  **(yes or no)?** | | **Mutagenic**  **(yes or no)?** | **Teratogenic**  **(yes or no)?** | **Administered to Animals –**  **specify species** | | **Route of Administration** |
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| **Does the project/grant involve the use of Drugs or Investigational Compounds? No Yes (specify below)** | | | | | | | | | |
| **Chemical Name** | **Investigational Compound?**  **(yes or no)** | | | **Administered to Animals – specify species** | | | | **Route of Administration** | |
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| In the space below, please briefly describe how chemicals will be used: | | | | | | | | | |

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| **Section IV: NANOTECHNOLOGY** | | | | |
| **Does the project involve the use of Nanoparticles – particles 100 nanometers or smaller?**  **If “Yes” check here  and complete the following. If “No” check here  and proceed to Section V.** | | | | |
| **Please describe the nanoparticles and how they will be utilized:** | | | | |
| **Chemical Name of Nanoparticle** | **Will You Be Making Nanoparticles for Use?**  **(yes or no)** | **Physical Form**  **(Solid or Liquid)** | **Administered to Animals**  **(specify species)**  **or Humans?** | **Route of Administration** |
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| **Section V: PHYSICAL HAZARDS** |
| **Does the project involve the use of UV Radiation (e.g., lasers, welding)?**  **If “Yes” check here.  If “No” check here.** |
| **If “Yes”, please describe the UV radiation and how individuals will be protected:** |
| **Does the project involve potential exposure to excessive noise (the need to shout when the person is standing at arm’s length)?**  **If “Yes” check here.  If “No” check here.** |
| **If “Yes”, please describe the excessive noise and how individuals will be protected:** |
| **Does the project involve potential exposure to molten material (including smelting and mercury in excess of 50 mL)?**  **If “Yes” check here.  If “No” check here.** |
| **If “Yes”, please describe the molten material, how it is generated and used, and how individuals will be protected:** |

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| **Section VI: BIOLOGICAL MATERIALS** | | | | | | | | | | | | | | | | | | |
| **Does the project involve the use of the following Biological Materials?**  **If “Yes” check here  and complete the following. If “No” check here  and proceed to Section VII.** | | | | | | | | | | | | | | | | | | |
| **Check all that will be used:** | | | | | | | | | | | | | | | | | | |
| **Human:  Blood Body Fluids Unfixed Tissues Fixed Tissues** | | | | | | | | | | | | | | | | | | |
| **Nonhuman Primate:  Blood Body Fluids Unfixed Tissues Fixed Tissues** | | | | | | | | | | | | | | | | | | |
| **Primary Human Tissues or Cell Culture  Continuous Human Tissues or Cell Culture** | | | | | | | | | | | | | | | | | | |
| **Primary Animal Tissues or Cell Culture  Continuous Animal Tissues or Cell Culture** | | | | | | | | | | | | | | | | | | |
| **Sorting Unfixed Cells or Potentially Infectious Samples?** If checked, describe the source of the cells, whether the source or the cells were known to be infected with any agents, and where the cells will be sorted (building and room). | | | | | | | | | | | | | | | | | | |
| **Viruses, bacteria, microbes or other biological agents/products**  **\*\*\*\*For recombinant strains, provide additional details in Section VII.** | | | | | | | | | | | | | | | | | | |
| **Source of Biological Material / Agent Description** | | | | | | | | **Lab Biosafety Containment Level** | | | **Administered to Animals – specify species** | | **Route of Administration** | | | **Animal Biosafety Containment Level** | | |
| **-Material/Agent?**  **-Is it recombinant? (Yes/No)**  **If yes, describe in Section VII** | | | **Genus** | | | **Species/Strain** | |
| *e.g. Ad5 (Yes)* | | | *Mastadenovirus* | | | *Human adenovirus C /Type 5* | | *BSL2* | | | *Yes/mice* | | *i.v.* | | | *ABSL2* | | |
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| In the space below, please briefly describe how these biological materials/agents will be used: | | | | | | | | | | | | | | | | | | |
| **Section VII: RECOMBINANT or SYNTHETIC NUCLEIC ACID MOLECULES** | | | | | | | | | | | | | | | | | |
| **Does the project involve the use of Recombinant or Synthetic Nucleic Acid Molecules?**  **If “Yes” check here  and complete the following. If “No” check here  and proceed to Section VIII.** | | | | | | | | | | | | | | | | | |
| **Vector Information** | | | | | | | | | | | | | | | | | |
| **Name of Vector** | | **Type of Vector** | | | | | **Type and origin of nucleic acid inserts,**  **as well as genes encoded** | | | | | **Administered to Animals?**  **specify animal and route** | | | | | |
| *e.g. pAdeasy1* | | *Adenovirus shuttle vector* | | | | | *synthetic shRNA to murine p27* | | | | | *yes, mice, i.v. injection* | | | | | |
| *e.g. pAAV2/8-luc* | | *AAV-based expression vector* | | | | | *renilla luciferase* | | | | | *no* | | | | | |
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| **Description of each vector/recombinant/synthetic nucleic acid (s):**   1. **Name:** 2. **Will you: construct it , obtain from colleague  (name of colleague**      )**, or purchase it  (name of vendor**      ) 3. **Will the vector be inserted into or used to construct a recombinant organism (if so, name of organism)?** 4. **Describe the methods for construction, and how they will be used (For viral vectors, include the following):** 5. **Derived from (name of parental virus):** 6. **Is more than 2/3rds parental genome retained? Yes No** 7. **How was it constructed, and what is the frequency of recombination (regenerating replication-competent virus)?** 8. **If replication defective, describe the mechanism:** 9. **What is the serotype/pseudotype/tropism (will it infect humans)?** 10. **If propagating (Yes No), describe the method and whether or not helper virus is required (Vector maps may be included):**   ***If more than one Vector/recombinant/synthetic nucleic acid utilized, copy and paste questions 1-4 from above and answer questions for each.*** | | | | | | | | | | | | | | | | | |
| **Are Plant or Animal Cells Exposed to the Recombinant or Synthetic Nucleic Acid Molecules? No Yes If “yes” list below:** | | | | | | | | | | | | | | | | | |
| **Name of Cell Line** | | | | | **Primary or Continuous Passage** | | | **Specify:**  **Human or Animal?** | **Type (e.g., prostate cancer, normal breast)** | | | | | | **Administered to animals after transfection/transduction?** | |
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| **The Recombinant/Synthetic Nucleic Acid Molecule portion of the project is: Exempt or Non-exempt?**  **Specify applicable section(s) of The Guidelines. (e.g. III.D.4):**       (See [NIH Guidelines](https://osp.od.nih.gov/biotechnology/nih-guidelines/) for reference) | | | | | | | | | | | | | | | | | |
| **Are the Resulting Recombinants or Synthetic Nucleic Acid Molecules or Products Toxic to Vertebrates? Yes No** | | | | | | | | | | | | | | | | | |
| **Will Recombinant or Synthetic Nucleic Acid Molecules be Administered to Humans? Yes No (**If “Yes”, attach scientific abstract, non-technical (lay) abstract, the Investigator’s Brochure, the clinical protocol, and any correspondence from NIH or Sponsor.) | | | | | | | | | | | | | | | | | |
| **Does the project involve the use of transgenic animals?**  **If “Yes” check here  and complete the following. If “No” check here  and proceed to Section VIII.** | | | | | | | | | | | | | | | | | |
| **Expected Phenotype**  **(e.g., knockout will have loss of pigmentation)** | **Species** | | | **Genetic Locus Targeted** | | | | **Source of DNA being injected (promoter/gene, etc., e.g., CRISPR mRNA)** | | **Nature of transgene/genetic modification**  **(e.g., Knockout)** | | | | **Foreign Gene Expressed** | | **Transgenic Core Project #**  **(If Core is utilized)** | |
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| **Section VIII: ASSURANCES** |
| **Hazardous materials or samples (including, but not limited to infectious substances, chemicals, radioactive materials, and/or dry ice) will be shipped as part of this project Yes No**  **If yes: What will be shipped?**  **Federal laws require everyone involved in the shipping process (including, but not limited to: preparing shipping papers, containers, labeling, marking, packing and presenting for pick up by shipping company) must be properly trained.** |

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| **List all UAB personnel involved in this project. Confirmation of safety training and UAB Occupational Medicine compliance is required prior to approval of projects. For required training, visit:** [**http://www.uab.edu/ehs/training**](http://www.uab.edu/ehs/training)**. For Occupational Medicine, visit** [**https://www.uab.edu/ehs/occupational-medicine**](https://www.uab.edu/ehs/occupational-medicine) **or e-mail** [**ehsoccmed@uab.edu**](mailto:ehsoccmed@uab.edu)**.** | | |
| **Blazer ID** | **Last Name** | **First Name** |
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**UAB Safety procedures applicable to the materials listed in this document are described in the *UAB Chemical Safety and Waste Management Manual, UAB Biosafety Manual, NIH Guidelines for Research Involving Recombinant DNA Molecules, UAB Radiation Safety Procedures Manual,* and the *UAB General Health and Safety Management Manual.***

**Submission of this document by or on behalf the Principal Investigator indicates that the PI is familiar with UAB safety policies relevant to any hazardous procedures or materials used in their laboratory and has incorporated the appropriate safety training, practices, and procedures into their laboratory.**

**SUBMISSION INSTRUCTIONS:**

* **Submittal by the PI:** Submission by the PI from the PI’s own UAB email account will satisfy the signature requirement.
* **\*Submittal by a PI designee:** The PI must sign and date this form below, and the original Word document must be sent in addition to the signed form.
* Submit the Project Registration Form and all required documents electronically to[**projects@uab.edu**](mailto:projects@uab.edu)**.**

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**\*Principal Investigator’s Signature Date**

UAB Research Safety Committees

Community Health Services Building | 933 19th Street South

CH 19 445 | BIRMINGHAM, AL 35294-2041

phone 205.934.4752 | projects@uab.edu