

The University of Western Ontario
BIOLOGICAL AGENTS REGISTRY FORM
Approved Biohazards Subcommittee: April 8, 2011
Biosafety Website: www.uwo.ca/humanresources/biosafety/

This form must be completed by each Principal Investigator holding a grant administered by the University of Western Ontario (UWO) or in charge of a laboratory/facility where the use of Level 1, 2 or 3 biological agents is described in the laboratory or animal work proposed. The form must also be completed if any work is proposed involving animals carrying zoonotic agents infectious to humans or involving plants, fungi, or insects that require Public Health Agency of Canada (PHAC) or Canadian Food Inspection Agency (CFIA) permits.

This form must be updated at least every 3 years or when there are changes to the biological agents being used.

Containment Levels will be established in accordance with Laboratory Biosafety Guidelines, 3rd edition, 2004, Public Health Agency of Canada (PHAC) or Containment Standards for Veterinary Facilities, 1st edition 1996, Canadian Food Inspection Agency (CFIA).

Electronically completed forms are to be returned to Occupational Health and Safety, (OHS), (Support Services Building, Room 4190) for distribution to the Biohazards Subcommittee. For questions regarding this form, please contact the Biosafety Officer at extension 81135 or biosafety@uwo.ca. If there are changes to the information on this form (excluding grant title and funding agencies), contact Occupational Health and Safety for a modification form. See website: www.uwo.ca/humanresources/biosafety/

PRINCIPAL INVESTIGATOR:	_____
DEPARTMENT:	_____
ADDRESS:	_____
PHONE NUMBER:	_____
EMERGENCY PHONE NUMBER(S):	_____
EMAIL:	_____

Location of experimental work to be carried out:

Building: _____	Room(s): _____
Building: _____	Room(s): _____
Building: _____	Room(s): _____

*For work being performed at Institutions affiliated with the University of Western Ontario, the Safety Officer for the Institution where experiments will take place must sign the form prior to its being sent to the University of Western Ontario Biosafety Officer (See Section 15.0, Approvals).

FUNDING AGENCY/AGENCIES: _____

GRANT TITLE(S): _____

UNDERGRADUATE COURSE NAME(IF APPLICABLE): _____

List all personnel working under Principal Investigators supervision in this location:

<u>Name</u>	<u>UWO E-mail Address</u>	<u>Date of Biosafety Training</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain how the biological agents are used in your project and how they are stored and disposed of. The BARF without this description will not be reviewed.

**Please include a ONE page research summary or teaching protocol in lay terms.
Forms with summaries more than one page will not be reviewed.**

1.0 Microorganisms

1.1 Does your work involve the use of biological agents? YES NO
 (non-pathogenic and pathogenic biological agents including but not limited to bacteria and other microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)? If no, please proceed to Section 2.0

Do you use microorganisms that require a permit from the CFIA? YES NO

If YES, please give the name of the species _____

What is the origin of the microorganism(s)? _____

Please describe the risk (if any) of escape and how this will be mitigated:

Please attach the CFIA permit.

Please describe any CFIA permit conditions:

1.2 Please complete the table below:

Full Scientific Name of Biological Agent(s)* (Be specific)	Is it known to be a human pathogen? YES/NO	Is it known to be an animal pathogen? YES/NO	Is it known to be a zoonotic agent? YES/NO	Maximum quantity to be cultured at one time? (in Litres)	Source/Supplier	PHAC or CFIA Containment Level
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3

**Please attach a Material Safety Data Sheet or equivalent from the supplier.*

2.0 Cell Culture

2.1 Does your work involve the use of cell cultures? YES NO

(If NO, please proceed to Section 3.0)

2.2 Please indicate the type of primary cells (i.e. derived from fresh tissue) that will be grown in culture:

Cell Type	Is this cell type used in your work?	Source of Primary Cell Culture Tissue	AUS Protocol Number
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not applicable
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.3 Please indicate the type of established cells that will be grown in culture in:

Cell Type	Is this cell type used in your work?	Specific cell line(s)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see www.atcc.org)*

2.4 For above named cell types(s) indicate PHAC or CFIA containment level required 1 2 2+ 3

3.0 Use of Human Source Materials

3.1 Does your work involve the use of human source materials? YES NO
If no, please proceed to Section 4.0

3.2 Indicate in the table below the Human Source Material to be used.

Human Source Material	Source/Supplier /Company Name	Is Human Source Material Infected With An Infectious Agent? YES/UNKNOWN	Name of Infectious Agent (If applicable)	PHAC or CFIA Containment Level (Select one)
Human Blood (whole) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Blood (fraction) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (unpreserved)		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

4.0 Genetically Modified Organisms and Cell lines

4.1 Will genetic modifications be made to the microorganisms, biological agents, or cells described in Sections 1.0 and 2.0? YES NO
If **NO**, please proceed to Section 5.0

4.2 Will genetic modification(s) involving plasmids be done? YES, complete table below NO

Bacteria Used for Cloning *	Plasmid(s) **	Source of Plasmid	Gene Transfected	Will there be a change due to transformation of the bacteria?	What is the consequence of transfected or transduced genes in eukaryotic cells?

** Please attach a Material Data Sheet or equivalent if available.*

*** Please attach a plasmid map.*

4.3 Will genetic modification(s) of bacteria and/or cells involving viral vectors be made?

YES, complete table below NO

Virus Used for Vector Construction	Vector(s) *	Source of Vector	Gene(s) Transduced	Describe the change that results from transduction

** Please attach a Material Safety Data Sheet or equivalent.*

4.4 Will genetic sequences from the following be involved?

- ◆ HIV NO YES, specify
- ◆ HTLV 1 or 2 or genes from any Level 1 or Level 2 pathogens NO YES, specify
- ◆ SV 40 Large T antigen NO YES
- ◆ E1A oncogene NO YES
- ◆ Known oncogenes NO YES, specify
- ◆ Other human or animal pathogen and or their toxins NO YES, specify

4.5 Will virus be replication defective? YES NO

4.6 Will virus be infectious to humans or animals? YES NO

4.7 Will this be expected to increase the containment level required? YES NO

5.0 Human Gene Therapy Trials

5.1 Will human clinical trials be conducted involving a biological agent? YES NO
(including but not limited to microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)
If no, please proceed to Section 6.0

5.2 If YES, please specify which biological agent will be used:
Please attach a full description of the biological agent.

5.2 Will the biological agent be able to replicate in the host? YES NO

5.3 How will the biological agent be administered?

5.4 Please give the Health Care Facility where the clinical trial will be conducted:

5.5 Has human ethics approval been obtained? YES, number: NO PENDING

6.0 Animal Experiments

6.1 Will live animals be used? YES NO If **NO**, please proceed to section 7.0

6.2 Name of animal species to be used

6.3 AUS protocol #

6.4 Will any of the agents listed in section 4.0 be used in live animals
 NO YES, specify:

6.5 Will the agent(s) be shed by the animal:

YES NO, please justify:

7.0 Use of Animal species with Zoonotic Hazards

7.1 Will any animals with zoonotic hazards or their organs, tissues, lavages or other body fluids including blood be used (see list below)? YES NO - If **NO**, please proceed to section 8.0

7.2 Will live animals be used? YES NO

7.3 If **YES**, please specify the animal(s) used:

- | | | |
|-----------------------------|--|-----------------------------|
| ◆ Pound source dogs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Pound source cats | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Cattle, sheep or goats | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Non-human primates | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Wild caught animals | <input type="checkbox"/> YES, species & colony # | <input type="checkbox"/> NO |
| ◆ Birds | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Others (wild or domestic) | <input type="checkbox"/> YES, specify | <input type="checkbox"/> NO |

7.4 If no live animals are used, please specify the source of the specimens:

8.0 Biological Toxins and Hormones

8.1 Will toxins or hormones of biological origin be used? YES NO If no, please proceed to Section 9.0

8.2 If YES, please name the toxin(s) or hormones(s)

Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

8.3 What is the LD₅₀ (specify species) of the toxin or hormone

8.4 How much of the toxin or hormone is handled at one time*?

8.5 How much of the toxin or hormone is stored*?

8.6 Will any biological toxins or hormones be used in live animals? YES NO

If **YES**, Please provide details:

*For information on biosecurity requirements, please see:

http://www.uwo.ca/humanresources/docandform/docs/healthandsafety/biosafety/Biosecurity_Requirements.pdf

9.0 Insects

9.1 Do you use insects? YES NO - If **NO**, please proceed to Section 10.0

9.2 If YES, please give the name of the species.

9.3 What is the origin of the insect?

9.4 What is the life stage of the insect?

9.5 What is your intention? Initiate and maintain colony, give location:
 "One-time" use, give location:

9.6 Please describe the risk (if any) of escape and how this will be mitigated:

9.7 Do you use insects that require a permit from the CFIA permit? YES NO
If **YES**, Please attach the CFIA permit & describe any CFIA permit conditions:

10.0 Plants

10.1 Do you use plants? YES NO - If **NO**, please proceed to Section 11.0

10.2 If YES, please give the name of the species.

10.3 What is the origin of the plant?

10.4 What is the form of the plant (seed, seedling, plant, tree...)?

10.5 What is your intention? Grow and maintain a crop "One-time" use

10.6 Do you do any modifications to the plant? YES NO
If yes, please describe:

10.7 Please describe the risk (if any) of loss of the material from the lab and how this will be mitigated:

10.8 Is the CFIA permit attached? YES NO
If **YES**, Please attach the CFIA permit & describe any CFIA permit conditions:

11.0 Import Requirements

11.1 Will any of the above agents be imported? YES, country of origin NO
If **NO**, please proceed to Section 12.0

11.2 Has an Import Permit been obtained from HC for human pathogens? YES NO

11.3 Has an import permit been obtained from CFIA for animal or plant pathogens? YES NO

11.4 Has the import permit been sent to OHS? YES, please provide permit # NO

12.0 Training Requirements for Personnel Named on Form

All personnel named on the above form who will be using any of the above named agents are required to attend the following training courses given by OHS:

- ◆ Biosafety
- ◆ Laboratory and Environmental/Waste Management Safety
- ◆ WHMIS (Western or equivalent)
- ◆ Employee Health and Safety Orientation

As the Principal Investigator, I have ensured that all of the personnel named on the form who will be using any of the biological agents in Sections 1.0 to 9.0 have been trained.

An X in the check box indicates you agree with the above statement...
Enter Your Name _____ **Date:** _____

13.0 Containment Levels

13.1 For the work described in sections 1.0 to 9.0, please indicate the highest HC or CFIA Containment Level required. 1 2 2+ 3

13.2 Has the facility been certified by OHS for this level of containment?
 YES, date of most recent biosafety inspection:
 NO, please certify
 NOT REQUIRED for Level 1 containment

13.3 Please indicate permit number (not applicable for first time applicants):

14.0 Procedures to be Followed

14.1 Please describe additional risk reduction measures will be taken beyond containment level 1, 2, 2+ or 3 measures, that are unique to this agent.

14.2 Please outline what will be done if there is an exposure to the biological agents listed such as a needlestick injury or an accidental splash:

14.3 As the Principal Investigator, I will ensure that this project will follow the Western Biosafety Guidelines and Procedures Manual for Containment Level 1 & 2 Laboratories (and the Level 3 Facilities Manual for Level 3 projects). I will ensure that UWO faculty, staff and students working in my laboratory have an up-to-date Hazard Communication Form, found at <http://www.wph.uwo.ca/>

An X in the check box indicates you agree with the above statement...
Enter Your Name _____ **Date:** _____

15.0 Approvals

1) UWO Biohazards Subcommittee: SIGNATURE: _____
Date: _____

2) Safety Officer for the University of Western Ontario SIGNATURE: _____
Date: _____

3) Safety Officer for Institution where experiments will take place (if not UWO): SIGNATURE: _____
Date: _____

Approval Number: _____ Expiry Date (3 years from Approval): _____

Special Conditions of Approval: