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| **Prepared by** | Subgroup of Biological Safety Committee |
| **Approved by** | Biological Safety Committee 4th November 2019 |
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| **Review Date** | 1st January 2021 |

**Biological Toxin Registration Form**

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| **Principle Investigator (must see \* below)** |  | **ID Staff Number** |  |
| **Academic Title** |  | **Email address** |  |
| **School/Research Centre** |  |  |  |
| **Office address/ Phone** |  | **Lab address /Phone** |  |
| **Name of toxin(s) being registered** |  |  |  |
| **Source of Toxin** |  |  |  |
| **Lab/ Commercial Supplier /Catalogue number if applicable** |  |  |  |
| **Location & Freezer Name/Model/Serial number** |  |  |  |

1. Is toxin a known human, animal or plant toxin? Tick all that apply:

 □ Human □ Animal □ Plant

1. Is LD50 <100 nanograms per kilogram body weight ? □ No □ Yes
2. Will you work with quantities >1 litre ? □ No □ Yes.

Largest volume anticipated: \_\_ Litres.

Specify Total amount: -------------------------Specify Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you inactivate the toxin prior to other laboratory manipulations?

□ No □ Yes? □ N/A

Inactivation method(s) used: □ Heat □ Chemical

□ Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Will you concentrate the toxin? □ No □ Yes

Method(s): Tick all that apply : □ Centrifuge □ Filtration □ Precipitation

 □ Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you expose live animals to this toxin? □ No □ Yes , Species:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of animal housing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have all staff who may come into contact with animals registered for Healthy Living Centre Occupational Health Surveillance ? □ No □ Yes? □ N/A. If no, please note this requirement must be met per DCU policy.

1. Biosafety containment level required: □ BSL1 □ BSL2 □ BSL3.

Please specify BSC class, Model and Serial # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is your BSC externally ducted ? □ No □ Yes.

Does filtered air recirculate into the room ? □ No □ Yes

1. Is a fume hood required ? □ No □ Yes
2. Do you request biological monitoring or medical surveillance? □ No □ Yes
3. Please list all individuals involved in the project who may come into contact with these materials. List any core facilities or labs that will be used.

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| --- | --- | --- | --- |
| ***Name*** | ***Email or other contact address*** | ***DCU ID number \*\**** | ***Core Facilities/Labs used*** |
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1. Please attach a risk assessment of the proposed research containing sufficient information to ensure adequate review of the protocol to determine compliance with DCU Health & Safety, HSA and EPA regulations. Required information to include:
2. The nature and purpose of the research
3. Key features of the toxin that you are registering with this form.
4. An outline of procedures/techniques to be employed (*e.g.* cell culture, nucleic acid isolation, FACS etc
5. Identify known and potential hazards associated with this material (*e.g.* known or potential disease states associated with material, the use of sharps, hazardous materials, procedures that may aerosolise the material etc).
6. SOPs that specifically describe safe practices, equipment, facilities and training used to protect staff from hazards in “d” above
7. Specifically describe methods of inactivation & disposal of the material and any associated contaminated materials generated.

***As Principle Investigator, I accept responsibility for the supervision of work with this material. I will ensure that all personnel receive training on proper safety practices and personal protective equipment that are needed for this work.***

Signature (Principle Investigator): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(School Head /Research Centre Director)

\*Post-doctoral fellows, research associates & instructors require co-signatures of School Head /Research Centre Director

\*\*DCU ID number is the number on your ID card.