

Chulalongkorn University Institutional Biosafety Committee

Receiving No
Receiving date
Approval No
Approval date

Form B

A Form to Request an Approval from

the Institutional Biosafety Committee of Chulalongkorn University

Please fill out the form by answering all sections applicable to the project. Attach additional pages if necessary.

Section I Administrative Information

1. Project title:		
(Eng)		
(Thai)		
Subproject title (If d	ifferent from the project title):	:
(Eng)		
(Thai)		
2. Principal investigato	or of the project:	
Name-Surname:	Degree:	Position:
Principal investigator	of the subproject (If different from	principal investigator of the sub project):
Name-Surname:	Degree:	Position:
3. Lab/research personi	nel involved in this research (Per	sonnel are related to biological work.):
Name-Surname:	Degree:	Position:
4. Contacting address:		
Telephone:	Mobile p	hone:
Fax:	E-mail addre	2SS :

5. Funding support:	
\square Submitted \square Approved	
6. Project duration: Start date:	End date:
(Please attach the full research proposal and highligh	nt in the part of research proposal
related to biological work.)	
Section II Required Research Review and Training	
1. Risk group (refer to the levels of risk in pathogens a	nd animal toxins list in Pathogens
and Animal Toxins Act, B.E.2558) (download http://	/www.ibc.research.chula.ac.th):
Pathogen: \square Risk group 1 \square Risk group 2 \square Risk	group 3 🗌 Risk group 4
Animal toxin: \square Risk group 1 \square Risk group 2 \square R	isk group 3
In case it is not controlled by Pathogens and Animal T	oxins Act, B.E.2558, please explain.
Agent/material Risk group/LD ₅₀ Refere	ence of risk group/LD ₅₀
2. Biocontainment level (refer to the biocontainmen	t levels in Pathogens and Animal
Toxins Act, B.E.2558 and Biosafety Guidelines for Mo	dern Biotechnology BIOTEC, 2016):
\square Biosafety level 1 \square Biosafety level 2 \square Biosafe	ety level 2 enhanced
\square Biosafety level 3 \square Biosafety level 4	
Laboratory room number/floor/building	Biosafety level
3. Does your research involve human or animal blood	, body fluids, tissues or organs?
☐ Yes ☐ No	
\square Human specimens \square Animal specimens	
If yes,	
a) Has the project been reviewed and approved by	the Human Research Committee or
IACUC?	
\square Yes (Approval No, date,) \square In progress \square No
b) Specimens collected or manipulated/used in lab):
☐ Blood ☐ Serum ☐ Feces	☐ Urine
\square Semen \square Spinal fluid \square Saliva	☐ Tissues/organs
Othora	

c) Types of manipula	ation:					
\square Centrifugation	☐ Pipetting		Dissection	n	☐ Blendi	ing/mixing
☐ Sonication	☐ Frozen section	ons 🗌 F	-low cyto	ometry	☐ Fixed/	preserved
Others						
4. Does your research inv	olve human or	other man	nmalian	cell cultu	ıre?	
☐ Yes ☐ No						
If yes,						
a) What cell lines o	·			•		
origin, and wheth	er they are p	orimary, se	econdary	or imn	nortalized	cultures.
				•••••	•••••	
b) Are you planning			_		□ No	
c) Will you use viral	J		_	No		
If yes, specify						
d) Will you transforn	n cell lines with c	oncogenes i	n culture	<u>?</u> ?	Yes	□ No
e) Will you use any o	of the following r	naterials in	cell cult	ure?		
☐ Cytotoxic/chemo	therapy agents					
Specify						
\square Toxins						
Specify						
5. Does your research in	volve infectious	or potenti	ially infe	ectious (le	evel 2 or a	above) to
humans or animals, a	nimal toxins or b	oiological t	oxins?			
\square Yes \square No						
If yes,						
a) Does your researc	h involve the use	e of any of	the follo	wing biolo	gical agent	ts?
Bacteria 🗌 Yes	□ No P	arasites	☐ Yes	☐ No		
Fungi 🗌 Yes	No **	*Viruses	☐ Yes	☐ No (*e	excluding p	hages)
Rickettsia 🗌 Yes	□ No F	Prions	☐ Yes	\square No		
Othors						

If y	es, list each agent by species, strain/isolates, and risk group.
	s this organism already available in your laboratory or on campus? Yes No What is the largest volume of organisms used/produced? (liter or milliliter)
	ou conduct research involving animal toxins or biological toxins?
☐ Yes	
If yes,	
a) l	s the toxin-producing organism inactivated prior to other lab manipulations? Yes $\ \square$ No
b) 9	Specify methods of inactivation: \square Heat \square Chemical \square Radiation \square Others
lf y	ou concentrate the toxin-producing organism, specify methods of concentration:
(This in been a transg	vour research involve the use of recombinant DNA? Includes experiments involving transgenic rodents in which the animal's genome has altered by stable introduction of rDNA, or DNA derived there from, into the germ line genic rodents)). Solution DNA DNA derived there from the germ line genic rodents).
If yes,	
	Recombinant insert (transgene): 1. Source (s) of DNA/RNA sequences (include species, gene name and abbreviation, ATCC No.)
	2. If the recombinant contains viral DNA, does the insert represent more than 2/3 of
	the viral genome? \Box Yes \Box No
	3. Will the biological activity of the gene product or sequence inserted pose a hazard to humans or animals? \Box Yes \Box No

4. Will a deliberate attempt be made to obtain expression of the foreign gene
encoded in the recombinant DNA? \Box Yes \Box No
5. Will your research include the deliberate formation of recombinant DNA that
contains genes for the biosynthesis of toxin molecules? \Box Yes \Box No
6. Will you conduct experiments that will involve the deliberate transfer of
a drug resistance trait to microorganisms that are not known to acquire the trait
naturally? \square Yes \square No
b) Vector
1. Identify the host strain (include species and strain) used for propagation of the
recombinant:
2. Is a vector (specific phage, plasmid or virus) required?
☐ Yes ☐ No
If yes, specify
3. Is viral vector replication defective? \square Yes \square No
4. Is a helper virus required? \square Yes \square No
If yes, specify
c) Others
8. Will animals be used with any biological agents listed in this application?
☐ Yes ☐ No
If yes,
a) Are the animals transgenic? \Box Yes \Box No
b) Will you ship or receive any animal materials, blood, body fluids, tissues, or organs?
☐ Yes ☐ No
c) Has this research been approved by the Institutional Animal Care & Use Committee?
\square Yes (IACUC Protocol No. & Approval Date) \square In progress \square No
9. Will radioisotopes be used to label any biological agents listed in this application?
☐ Yes ☐ No
If yes,
\square Yes (Approved Nodate) \square In progress \square No

10. Describe how each pathogenic microorganism, biological agent, cell line, tissue, etc.
will be used. Provide sufficient detail so that the CU-IBC can evaluate your activities.
11. If the organism is infectious, is there a vaccine available?
☐ Yes ☐ No
12. Have you and the personnel listed above received biological lab safety training?
☐ Yes ☐ No
If yes, attach the training document.
13. Is there a safety operation procedure (SOP) existed to the procedure?
☐ Yes ☐ No
If yes, attach the SOP.
14. Biohazard Control Plan
Note: For research that involves risk group 2 agents, the "Biohazard Control Plan" must be
provided to assure adequate protection of employees, students, the community, and the

environment.

a) Exposure	determination
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1. List who will be working with biological agents, animals, or hazardous material (by
name & job title). It is recommended that all lab personnel receive information about the
risks associated with any research involving infectious agents. This is especially recommended
for lab personnel who may be immune-compromised.
2. Describe the general types of experimental procedures that will be performed (e.g.
cell culture, protein purification, drawing blood, etc).
b) Control methods
1. Describe facility in which work is to be performed.
2. Describe who will have access to the facility and how access will be controlled?
3. How and when will facility be cleaned and decontaminated? Will Facilities
Management custodial personnel have routine access, and if so, how will they be protected
from hazardous materials?

4. Describe safety devices that will be used. These may include some or all of the following: biosafety cabinets, hand washing facilities, mechanical pipetting devices, puncture resistant sharps containers, splash guards, self-sheathing needles.
5. What types of personal protective equipment will be used (gloves, masks, lab coats, etc). How will the equipment be decontaminated, laundered, or disposed of?
6. Vaccination: Will it be necessary to vaccinate workers against infectious agents? If so, describe plans for vaccinations.
7. Accidents: What procedures will be followed in case of an accident?
8. Waste disposal: Describe provisions for disposal of hazardous materials. If all or part of hazardous material is to be decontaminated on site, specify procedures to be used.
9. Labeling: Describe tags, labels, or bags that will be used to identify hazardous materials. If hazardous material is to be decontaminated on site, specify how material will be labeled to indicate that it is no longer infectious.

15. Others, if any
all hazardous materials (biological, chemical and radioactive).
10. Training: Describe how workers will be trained for biological lab safety and handl

I acknowledge all requirements and restrictions of the most current TBC guidelines for the Biosafety Level authorized by the IBC. I accept responsibility for the safe conduct of the experiments conducted at this Biosafety Level. I understand that it is my responsibility to assure that all personnel working in my laboratory with any of these hazards are fully informed about their specific dangers, proper actions for safe use and steps to take in case of accidents, and are provided with all necessary safety equipment and instructions in its use. I will contact the CU-IBC/Faculty IBC immediately following any adverse event that leads to an accidental exposure to any biological agents listed in this form that may be harmful to humans or animals.

Signature	Date
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Principal investigator of the project	
Signature	Date
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Principal investigator of the subproject	
Signature	Date
()	
Head of Department	

Adapted from Mahidol University (by permission)