**IACUC APPENDIX B: TEST SUBSTANCES**

**IACUC Protocol #:**       *(To be assigned by the IACUC)*

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| **1. PROTOCOL INFORMATION** |
| **PI Name:** |
| **Protocol Title:** |

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| **2. INFECTIOUS AGENTS** |
| **Are infectious agents used as a part of this protocol?**  No *(Proceed to #3)*  Yes *(*[*IBC*](http://www.liberty.edu/ibc) *Approval may be required, answer the questions below):* |
| **IBC Protocol #:** |
| **PI on IBC Protocol:** |
| **Approval Date:** |
| **IBC Protocol Title:** |

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| **3. IONIZING RADIATION** |
| **Will this protocol require the use of Ionizing Radiation/Radioactive Agents?**  No *(Proceed to #4)*  Yes *(Answer the questions below):* |
| **Has the Radiation Safety Officer been contacted?**  No  Yes |
| **Describe the irradiation procedure:** |

***Note:*** *Contact the IACUC office for more information regarding the use of Ionizing Radiation.*

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| **4. HAZARDOUS BIOLOGICAL MATERIALS** |
| **Will this protocol require the use of hazardous biological materials?** *(E.g., human or animal pathogens, tumor cells, recombinant DNA)*:  No *(Proceed to #5)*  Yes *(Answer the questions below):* |
| **List materials and classifications:** |
| **Identify the ABSL level:**  ABSL-1  ABSL-2  ABSL-3  N/A |

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| **5. BIOLOGICAL FLUIDS & TISSUES** |
| **Will this protocol involve the use or collection of biological bodily fluids or tissues?** *(E.g., blood, blood products, urine, semen, etc.)*:  No *(Proceed to #6)*  Yes *(Answer the questions below):* |
| **Describe how fluids/tissues will be extracted, where and how long stored and who will have access to the storage area:** |
| **Describe how the fluids/tissues will be transported:** |
| **If fluids/tissues are to be used or stored in an area that is not a laboratory** *(e.g., classroom or unrestricted area)* **specify the location, procedures for cleaning the area prior to and after use, and the method of securing material:** |

***Note:*** *Blood-borne pathogen training is required in the IACUC CITI Training modules.*

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| **6. TUMOR CELLS** |
| **Will this protocol require the use of tumor cells?**  No *(Proceed to #7)*  Yes *(Answer the question below):* |
| **Were the tumor cells tested for viral contamination?**  No  Yes |

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| **7. TOXIC CHEMICALS & AGENTS** |
| **Will this protocol require the use of toxic chemicals?** *(E.g., pharmacologic agents, known or suspected mutagens, carcinogens, teratogens, DNA-binding, or other similar agents)*:  No *(Proceed to #8)*  Yes *(Answer the questions below)*: |
| **Are the toxic chemicals carcinogens, known or suspected mutagens, or teratogens?**  No  Yes *(List)*: |
| **Briefly describe the MSDS for the chemicals used:** |
| **Describe where and how the chemicals will be stored:** |
| **Describe who will have access to the chemicals used:** |
| **How will chemicals be disposed of?** |

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| **8. NEEDLES & SHARPS** |
| **Will this protocol involve the use of needles or other sharps which may be contaminated?**  No *(Proceed to #9)*  Yes *(Answer the question below):* |
| **Specify the instrument type and method of disposal:** |

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| **9. AGENTS USED** |
| **Describe each agent below. Use the “+” in the bottom right to add additional agents.** |
| **AGENT:** |
| **Source/Vendor:** |
| **Type of Hazard:** Biological  Chemical  rDNA  Radioactive |
| **ABSL Level:**  ABSL-1  ABSL-2  ABSL-3  N/A |
| **Species:** |
| **Dose Administered mg/kg or ug/g:** |
| **Route of Exposure:** |
| **Frequency of Exposure:** |
| **Hazard excreted or shed?**  No  Yes *(Describe how):* |
| **Animal Housing Location:** |
| **Animal Housing Duration:** |
| **Effect on Animal:** |
| **Purpose** *(Brief description)*: |
| **More than momentary discomfort or distress?**  No  Yes *(Answer the question below):* |
| **Describe the method to alleviate or justify non-treatment:** |

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| **10. PERSONNEL EXPOSURE RISKS** | |
| **Indicate which of the following present potential exposure risks to personnel** *(Check all that apply)*: | |
| Urine | Saliva |
| Feces | Aerosols |
| Blood | Bedding |
| Contact w/ Animal Lesions | Animal Bites/Scratches |
| Contact w/ Mucous Membranes | Penetrating Injuries |
| Human or NHP Cells/Fluids/Tissues | Other: |

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| **11. SAFETY & COMPLIANCE INFORMATION** |
| **Describe the following:** |
| **Disposal of animals, waste, tissues, bedding, and other potentially contaminated material:** |
| **PPE Used:** |
| **Safety Monitoring Procedures:** |
| **Personnel Training** *(other than mandated IACUC training, if applicable)*: |
| **Special Caging, Biosafety Cabinets, or Containment Equipment:** |
| **Signage Information:** |
| **Cage Sanitation/Disinfection Procedures:** |
| **Decontamination of other work surfaces and equipment:** |
| **Special handling procedures** *(if applicable)*: |
| **Special immunizations or tests required for handling agents:** |
| **Other considerations:** |

***Note:*** Signature of the Principal Investigator on the IACUC application ensures that research personnel will abide by all relevant, universal precautions regarding blood-borne pathogens, appropriate biosafety level precautions, radiation safety procedures, and chemical hygiene.