**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.