**Application for Exempt Status**

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| --- | --- |
| **Principal Investigator:** | **Department:** |
| **Email:** | **Phone Number:** |

**Title of Research Project:**

**Instructions:** Submission of this form allows the Longwood Institutional Biosafety Committee (IBC) to determine if biological research is exempt from full review. The exempt status applies to research projects that present only minor hazards with very low risk as defined by the National Institutes of Health guidelines. Projects that are exempt from full review may be reviewed immediately by the IBC Chair. Please answer each of the questions in the table below and provide an abstract outlining the project. Submit a signed copy of this form to the IBC at [biosafety@longwood.edu](mailto:biosafety@longwood.edu) for review.

* *A summary of section III of the NIH Guidelines is provided in Appendix A.*
* *Definitions of frequently used molecular terminology are provided in Appendix B.*
* *Biosafety levels and risk groups are defined in Appendix C.*

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| --- | --- | --- | --- |
| **Does your research involve work with:** | | **Yes** | **No** |
| 1 | **identified or potential pathogens:** human, animal, or plant pathogens, including bacteria, prions, rickettsia, fungi, viruses, and parasites? |  |  |
| 2 | **human blood and other potentially infectious material:** All human blood, blood products, unfixed clinical tissues, and any body fluids? |  |  |
| 3 | **cells/cell lines: c**ultured cells from humans, non-human primates, and other mammalian species and the potentially infectious agents these cells may contain? |  |  |
| 4 | **clinical specimens**? |  |  |
| 5 | **infected animals:** live animals, animal tissues, animal bedding/waste materials, and other materials derived from known or potentially infectious animals? |  |  |
| 6 | **toxins or select agents:** (bacterial, fungal, plant, etc.)? |  |  |
| 7 | **recombinant DNA and related products**?  *If you answer yes to this question, please complete question 8.* |  |  |
|  |  |  |  |
| 8 | **Does your research with recombinant DNA meet any of the following exemptions?** |  |  |
|  | * Experiments performed without the use of living organisms or viruses? * Experiments consist entirely from a single non-chromosomal or viral DNA source. * Experiments consist entirely of DNA from a prokaryotic host including its indigenous viruses. * Experiments consist entirely of DNA from a eukaryotic host excluding its indigenous viruses. * Experiments consist entirely of DNA segments from natural exchangers. * Experiments are considered safe (i.e. **do** **not** pose a significant risk to health or the environment) such as:   + Tissue culture experiments involving the introduction of recombinant DNA molecules that do not contain one-half or more of any eukaryotic viral genome, risk group 3 or 4 organisms, nucleic acids from risk group 3 or 4 organisms, toxic genes, infectious viruses, or defective viruses in presence of helper viruses.   + *E. coli* K-12 , *S. cerevisiae* and *S. uvarum* experiments that do not involve risk group 3 or 4 organisms, nucleic acid from risk group 3 or 4 organisms, introduction of toxic genes, or large-scale experiments (>10L) | | |

**Research Project Abstract** (100 – 250 words, please include a brief summary of the overall goals and explain how the agents from the above table will be used):

**Training requirement:** The Principle Investigator must complete the “Biosafety Training for the Principle Investigator” CITI training modules PRIOR to receiving IBC approval. To document completion of the appropriate CITI training modules, the CITI Completion Certificate needs to be submitted with this form. Failure to comply with CITI training regulations may result in rejection and/or suspension of the research project.

**Certification**

* I have read and answered all applicable questions and assure that all statements made are accurate and account for all experiments being conducted by me, or under my supervision.
* I am familiar with and will comply with the Longwood University Office of Environmental Health and Safety Biosafety Manual for Laboratory and Research Operations and I assume responsibility for compliance by all personnel involved with this protocol.
* All individuals performing experiments described in this application are technically competent and have been (or will be) properly trained in the procedures to ensure that safety protocols are followed as described.
* I understand that any modification made to experiments that may change the answers to the above questions will require formal notification to the Institutional Biosafety Committee prior to implementing the modification.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:**

**Date:**