**Form II**

**INSTITUTIONAL BIOSAFETY COMMITTEE - SUMMARY SHEET**

**(TO BE FILLED BY PRINCIPAL INVESTIGATOR)**

[Please tick and answer yes/no. All aspects to be filled completely]

1. **Project Title:**
2. **Name of PI:**
3. **Name of participant(s):**
4. **Brief description of the study (~ 200 words):**

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|  |

1. **Methodology involving risk agents (~ 200 words):**

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|  |

1. **(i) Proposed Category: I: \_\_\_\_\_; II: \_\_\_\_\_\_; III: \_\_\_\_\_\_; IV\_\_\_\_\_\_\_**

(ii) If category III: whether person has experience of working with category I/II agents: Yes/No. If yes, then duration: ………….years……………months

1. (**i) Level of BSL Containment: I \_\_\_\_\_; II: \_\_\_\_\_; III: \_\_\_\_\_; IV: \_\_\_\_\_**

(ii) If category III: whether person has experience of working with category I/II agents: Yes/No. If yes, then duration: ………….years……………months

1. **Area / Discipline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9A) Material handled with respect to plants and animals including primates involves**

Virus: \_\_\_\_\_\_; Bacteria: \_\_\_\_\_\_; Fungi: \_\_\_\_\_\_; Others: \_\_\_\_\_\_\_\_\_\_

Scientific Name of Organism(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9B) Material referred in 9A is (with respect to plants and animals including primates)**

Whole organism: \_\_\_\_\_\_ Live \_\_\_\_\_\_ Inactive \_\_\_\_\_\_Infectious: \_\_\_\_\_\_

Mode of Spread \_\_\_\_\_\_\_\_\_\_ Non infectious \_\_\_\_\_\_: Isolated Protein: \_\_\_\_\_\_

DNA \_\_\_\_\_ RNA \_\_\_ : Others: \_\_\_\_\_\_ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will the material be introduced into live plants/animals?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9C) Is material Toxinaceous**: \_\_\_\_\_\_; **Allergenic:** \_\_\_\_\_\_\_**Pathogenic:** \_\_\_\_\_\_

**10) Project involves** a) Vaccine: \_\_\_\_\_\_\_; b) immunization: \_\_\_\_\_\_\_\_\_\_\_

c) Animals: \_\_\_\_\_\_\_; d) Plants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11) Is approval from IAEC (Institutional Animal Ethics Committee) needed?**

(Any special comment, if any, by Investigator may also be added here)

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**12) Approval comments if any (to be filled by IBSC member)**

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Investigator signature IBSC-Member Signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_