

For questions about this form contact:

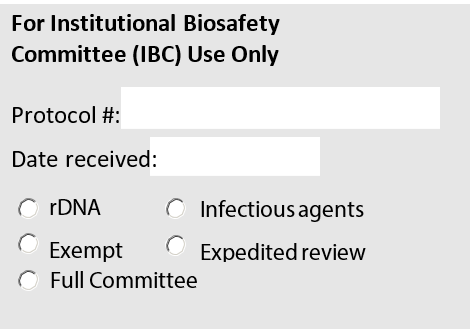
KSU Institutional Biosafety Committee

[http://research.kennesaw.edu/ibc/contact](http://research.kennesaw.edu/ibc/contact.php)

Email: [ibc@kennesaw.edu](mailto:ibc@kennesaw.edu) Phone: 470-578-4941

Version August 2019

**Institutional Biosafety Committee**

**Protocol Review Form for Teaching Use**

|  |  |
| --- | --- |
| **Signature of Course Coordinator** | **DATE** |
| **Signature of Department Chair** | **DATE** |
| **Signature of IBC Chair** | **DATE** |
| **Signature of Biosafety Officer** | **DATE** |

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prep room location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Long-term storage location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Name of the biological material | Typea | BSLb | Source of the materialc |
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a: Type can be indicated by M (microbe), T (toxin), P (plant), A (animal), D (recombinant DNA), or O (other, must specify).

b: BSL stands for biosafety level. BSL-1: non-infectious; BSL-2: infectious.

c. Vendor, field isolate, clinic isolate, or generator’s name.

Please attach all related Standard Operating Procedures (SOPs), Written Lab Exercises or Safety Protocols

Note: Insert more rows if needed.