MACQUARIE UNIVERSITY

BIOSAFETY COMMITTEE

APPLICATION FOR PERMISSION
TO CARRY OUT LABORATORY TEACHING OR RESEARCH
INVOLVING POTENTIALLY INFECTIOUS AND/OR
HAZARDOUS AGENTS

(This includes both human and animal blood, tissues, tissue samples or tissue cultures. If you are not sure whether to complete this form please contact the Biosafety Secretariat by email biosafety@mq.edu.au or by phone 02 9850 4194).

July 2010 Version

The completed form should be submitted to biosafety@mq.edu.au
Please forward a signed hard copy to Research Office, Level 3, Research HUB, Building C5C.

HANDWRITTEN FORMS WILL NOT BE ACCEPTED

NOTE: If this project involves recombinant DNA techniques, the appropriate Office of the Gene Technology Regulator (OGTR) form must also be completed.

For your information – Location of PC2 Laboratories and PC2 Glasshouse:
PC2 Laboratory : Room 109, Building E8A
PC2 Glasshouse : Room 413, Building F5A
APAF PC2 Laboratory : Laboratory Room 323, Building E8C

All questions must be answered. Please do not delete any questions.

(1) Title of research project, or name of course:

(2) Investigator Details
List the details of the Chief Investigator, and any Co-Investigators, Associate Investigators, Supervisors, Research Assistants or Research Co-ordinators

Chief Investigator/Supervisor

(Note: If the project is to be undertaken by an Honours/Masters/PhD student, the supervisor will be considered the Chief Investigator. The student may be named as a co-investigator.)

| Name: | 
| Title: |
(Prof, Dr. etc.)
MQ Staff no.
(Mandatory)
Qualifications/Experience:
Positions held:
Faculty:
Department/Unit:
Full mailing address:

Tel No. (W):
Tel No: (H):
Mobile No:
Fax number:
E-mail address:

Names and experience of all persons involved in the project who will be handling the samples:

Co-Investigator ☐, Associate Investigator ☐, Research Assistant ☐
Laboratory Technician ☐ (please tick the correct title)

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<th>Name:</th>
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<tbody>
<tr>
<td>Title:</td>
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<tr>
<td>Co-investigator type:</td>
<td>Staff: ☐ OR Student: ☐</td>
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<td>Staff/student no.</td>
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(Mandatory)
| Qualifications/Experience: |
| Positions held:
(if student, specify degree, course in which enrolled) |
| Faculty:    |
| Department: |
| Full mailing address: |

Tel No. (W):
Tel No: (H):
Mobile No:
Fax number:
E-mail address:

PLEASE CUT AND PASTE THIS BOX TO INCLUDE MULTIPLE CO-INVESTIGATORS.
(3) Location(s) in which the project is to be carried out. Define the areas/laboratories in which samples are to be handled. Please state both building number(s) and room number(s).

(4) Please identify what biohazardous material is being used and why the material is considered biohazardous.
Provide a detailed protocol of the experiment, including quantity of samples, estimated frequency of experimentation, procedures to be used, and precautions taken (e.g., if centrifugation is used, is the equipment properly sealed? Will there be aerosol production? etc.). If there is insufficient space, please attach a separate sheet.
(6) Please outline how samples are to be disposed.

(7) Have the experimental or teaching procedures been approved previously by the Committee?

Yes ☐ No ☐

If ‘Yes’:

(a) Year of approval:

(b) Reference No:

(c) Title:

(8) Proposed commencement date of project (month/year):

(Projects must not commence prior to Biosafety Committee approval)

(9) Proposed finishing date of project (month/year):

(Biosafety Committee approval will only be granted for a 3 year period after which time you will need to re-submit an application for approval for your project).

(10) (a) Source of tissue/culture:
(b)  What testing for contaminating pathogens (eg hepatitis, HIV) will have been carried out on the sample prior to its arrival on campus?

(c)  What measures have been taken to inactivate potential contaminating agents?

(11)  Briefly describe the objective of the research program, or course component:

(12)  In the case of projects involving human samples, could the required information be obtained, or techniques demonstrated, using material other than of human origin? If ‘Yes’, explain why these techniques are not being used in this case:

(13)  Please name the funding source for this project (eg: NHMRC, ARC, MUNS):
(14) CERTIFICATION TO BE FILLED OUT BY CHIEF INVESTIGATOR

Please fill out one of the following:

☐ I attended a Biosafety workshop on (date): ................................

☐ I intend to attend the Biosafety workshop planned for (date):

..................................................

I confirm that I have read and understood the relevant Guidelines (http://www.research.mq.edu.au/for/researchers/how_to_obtain_ethics_approval/biosafety_research_ethics/policy) and that this project conforms in all respects with those guidelines.

.......................................................... Date: .........................
Name of Chief Investigator

..........................................................
Signature of Chief Investigator