# University of Maine Institutional Biosafety Committee (IBC) Registration Form

Last updated: 3/14/23

**Form Guidance**

* This form should be completed by **each Principal Investigator (PI)** **working with biological materials of any kind** (including BSL-1 [Biosafety Level 1] or higher, DNA [deoxyribonucleic acid], and/or infectious agents).
  + Each registration form is associated with an individual PI (thus two PIs working in the same lab or on the same protocol would each need their own registration form).
* Changes to registration information (e.g., lab location or personnel) should be submitted **promptly**.
* Registration forms must be renewed **annually**, to include changes or to indicate no changes.
* Certain biosafety work also requires submission and approval of a protocol form, plus resubmission for amendments and periodic updates. The PI must have a registration form on file with the IBC *before* submitting any protocols. Please see [IBC Protocol Form (Word)](https://umaine.edu/research-compliance/resource/ibc-protocol-form/) for more information.
* **You must use Microsoft Word to fill in the form.** All UMaine affiliated students, faculty, and staff can [access Microsoft Office software](https://tdx.maine.edu/TDClient/2624/Portal/KB/ArticleDet?ID=134660) (including Word) for free via University of Maine System Information Technology (UMS IT).
  + Checkboxes – Click the empty checkbox once and an ‘x’ will appear to check off the box. Clicking once on the box again to remove the ‘x’.
  + Text entry – Some questions will have a text entry box, appearing with grayed out text saying, “click here to enter text.” Click on that grayed out text, and you will be able to type as you would in any Word document. The text box will automatically expand as you type.
* **To submit the form, email the completed form to the Office of Research Compliance at** [**umric@maine.edu**](mailto:umric@maine.edu) **with “IBC Registration” in the subject line of the email.**
* **Please refer to the** [**UMaine IBC website**](https://umaine.edu/research-compliance/biosafety/) **for more information, and** [**contact us**](https://umaine.edu/research-compliance/biosafety/#contact) **with any questions.**

## Registration Status

Initial Registration

Change Request

Annual Renewal

No Changes

Change Request

## Principal Investigator

|  |  |
| --- | --- |
| **PI Name:** Click or tap here to enter text. | **Email Address:** Click or tap here to enter text. |
| **Department:** Click or tap here to enter text. | **Phone Number:** Click or tap here to enter text. |
| **Laboratory Location(s):** Click or tap here to enter text. | |

## Brief Description of Biosafety Work

Please briefly describe your biosafety work. If applicable, please include any active [Protocols (Word)](https://umaine.edu/research-compliance/resource/ibc-protocol-form/) on which you are a PI or Co-PI, and include the protocol number, title, and a brief description.

As a reminder, changes to existing Protocols must be submitted for IBC review via an amended protocol form, and all protocols must be submitted every 3 years for re-approval, regardless of whether amendments have been made or not. Reminders for re-approval of protocols will be sent to the PI email address on file.

|  |
| --- |
| Click or tap here to enter text. |

## Biosafety Level

Please select the **highest** Biosafety Level (BSL) or Animal Biosafety Level (ABSL) for work performed, based on the [NIH guidelines (PDF)](https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.pdf). The provided biosafety level may be changed after review by the BSO.

| **Biosafety Level** | **Animal Biosafety Level** |
| --- | --- |
| BSL-1  BSL-2  BSL-3 | ABSL-1  ABSL-2  ABSL-3 |

## Biohazards

Please check all that apply:

|  |  |  |
| --- | --- | --- |
| Bacteria  Toxins | Fungi  Prions | Viruses  rDNA/synthetic NA |

## Special Procedures

Please check all that apply:

|  |  |  |
| --- | --- | --- |
| Large Culture (>10 L) | Aerosol-Generating | Clinical Sample |

## Other

Please check any of the below boxes if applicable:

I anticipate **initiating new biosafety research** this year (e.g., new grant with biohazards or procedures previously not used, etc.).

I anticipate **closing or transferring my laboratory** (e.g., moving laboratory to a new room, retiring, leaving UMaine, etc.).

I would like to be contacted by the BSO to discuss current or future biosafety concerns.

Other notes (if needed, otherwise leave blank):

|  |
| --- |
| Click or tap here to enter text. |

## Certification

Please check the following box to indicate you have reviewed the latest version of the [IBC policy](https://umaine.edu/research-compliance/biosafety/policy/).

I have reviewed the latest version of the IBC Policy.

|  |  |  |
| --- | --- | --- |
| **Principal Investigator (Print)**  Click or tap here to enter text. | **Principal Investigator (Signature)** | **Date**  Click or tap to enter a date. |