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| https://uncgcdn.blob.core.windows.net/email/UNCGLogo.png | | Bloodborne Pathogens and Cell Registration Form  Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The UNCG Institutional Biosaety Committee (IBC) is responsible for oversight of all research and teaching activities involving potential exposure to Bloodborne Pathogens (BBP), per the OSHA BBP Standard (29 CFR 1910.1030) and UCNG Biosafety Policy. The standard applies to **Human Blood, Blood Components and Other Potentially Infectious Materials (OPIM: human primary cells, cell lines, unfixed tissues, semen, vaginal secretions; cerebrospinal, synovial, pleural, pericardial, peritoneal, and amniotic fluids; and body fluids visibly contaminated with blood or in situations where it is difficult to differentiate between body fluids)**.  **Exempt:** Human urine, feces, tears, saliva, nasal secretions, sputum, vomit, and breast milk are exempt from this policy if not visibly contaminated with blood or known to contain infectious agents.  **ALL RESEARCHERS working with HUMAN BLOOD OR OPIM must complete and submit this form to the ibc**.  Submit via email to [ori@uncg.edu](mailto:ori@uncg.edu). If you have any questions, contact:  Dr. Lisa A. Goble, Director, Office of Research Integrity (336) 256-1173 | | |
| Instructions: To ‘check’ a box (🗆), double click on the box and select “Checked” in the Default Value section! | | |
| SECTION I: General Information | | |
| 1. **Project Title:** | | |
| 1. Principal Investigator: | | |
| 1. Department: | | |
| 1. **Telephone:** | **Email:** | |
| 1. Co-Investigator/s: | Email: | |
| Co-Investigator/s: | Email: | |
| 1. **List Research Location(s)**: 2. **UNCG Building & room(s):** 3. **Off-Campus locations:** | | |
| SECTION II: Protocol Description | | |
| 1. **Protocol Description:**   **Please give a brief description of the protocol, focusing on the use of biological materials.** | | |

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| SECTION III: Identification of Material(s) and Biosafety Level | | |
| 1. **Human Source Material: Name/Description Source** | | |
| **Whole Blood** |  |  |
| **Blood component** |  |  |
| **Primary cells** |  |  |
| **Established cell lines** |  |  |
| **Unfixed tissue** |  |  |
| **Other, specify:** |  |  |
| The UNCG Biosafety Policy requires Biosafety Level 2 (BSL-2) conditions for handling human source material covered by the BBP Standard. Information on BSL-2 handling and containment precautions can be found at: **UNCG Biosafety Policy Manual:** <https://safety.uncg.edu/lab/biosafety/> BMBL: [www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf](http://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf) | | |
| SECTION VII: Training & Occupational Health | | |
| All personnel must complete **Bloodborne Pathogens** and appropriate **Biosafety Training** prior to commencement of this protocol. Training requirements may be met by a variety of methods, including: Department, PI-led, UNCG online training module, CITI online module, or other methods with prior IBC approval.  All individuals with potential exposure to Bloodborne Pathogens must enroll in the UNCG **Bloodborne Pathogens Exposure Control Plan** and be offered the Hepatitis B vaccine.  **Enrollment Form**:  <https://safety.uncg.edu/wp-content/uploads/2017/07/BBP-Exposure-Control-Plan-Enrollment-Form.pdf>   1. **Have all employees working with human material been offered the Hepatitis B vaccine per the OSHA Bloodborne Pathogens Standard?**   Y**ES**  N**O  N/A**   1. **Are serological tests or other immunizations required for this protocol?**   Y**ES**  N**O  N/A If YES, identify each:** | | |
| **SECTION VIII: Investigator’s Assurance**  **NOTE : Please check all the boxes to acknowledge reading each item.** | | |
| 1. I have read and understand my responsibilities as PI, as outlined in the [UNCG Biosafety Policy Manual](https://safety.uncg.edu/lab/biosafety/). 2. I confirm that all persons with potential exposure to Bloodborne Pathogens will complete appropriate BBP   and Biosafety Training.   1. I confirm that all persons with potential exposure to Bloodborne Pathogens have or will complete and submit   the BBP Exposure Control Plan [Enrollment Form](https://safety.uncg.edu/wp-content/uploads/2017/07/BBP-Exposure-Control-Plan-Enrollment-Form.pdf).   1. I certify that the information provided on this application is accurate to the best of my knowledge.   **Principal Investigator’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **PLEASE PRINT**  **Principal Investigator’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Please submit the Protocol to the Office of Research Integrity**

**Send signed Investigator’s Assurance to**: [ori@uncg.edu](mailto:ori@uncg.edu)