

SOUTHERN ILLINOIS UNIVERSITY, CARBONDALE

MEMORANDUM OF UNDERSTANDING AND AGREEMENT
INVOLVING USE OF DNA RECOMBINANT RESEARCH

PROTOCOL NUMBER

INITIALS

DATE

PRINCIPAL INVESTIGATOR

DEPARTMENT

TELEPHONE

(NAME OF OTHER
INVESTIGATORS IN
PROJECT, SHOW BY * IF
ANY ONE OF THESE
IS RESPONSIBLE FOR
RESEARCH OTHER THAN
PRINCIPAL
INVESTIGATOR)

DEPARTMENT

TELEPHONE

PROJECT TITLE: _____

APPLICATION/GRANT NO. (IF APPLICABLE)

GRANTING AGENCY (IF APPLICABLE)

IF ADDITIONAL SPACE IS NEEDED FOR INFORMATION ATTACH SHEETS WITH INVESTIGATOR'S NAME, PROJECT TITLE, AND DATE IN UPPER RIGHT HAND CORNER.

CIRCLE TYPE CONTAINMENT FACILITY NEEDED FOR PROJECT: P1 P2 P3 P4

DESCRIPTION: BRIEFLY EXPLAIN - 1. SOURCE(S) OF DNA, 2. NATURE OF INSERTED DNA SEQUENCES, AND 3. HOSTS AND VECTORS TO BE USED. SUFFICIENT INFORMATION ABOUT EXPERIMENT SHOULD BE INCLUDED SO REFERENCE TO OTHER DOCUMENTS IS NOT NEEDED. FOR EACH PERFORMANCE SITE LIST ORGANIZATION NAME(S), CITY, AND STATE.

ASSESSMENT OF LEVELS OF PHYSICAL AND BIOLOGICAL CONTAINMENT: CITATION OF RELEVANT SECTIONS OF NIH OFFICE OF RECOMBINANT DNA ACTIVITY GUIDELINES OR ANNOUNCEMENTS SHOULD BE INCLUDED.

INFORMATION ON HEALTH SURVEILLANCE: PROVIDE INFORMATION ON NATURE OF HEALTH SURVEILLANCE NECESSARY AND HOW PLANNED TO BE IMPLEMENTED, PERIODICALLY MONITORED, AND FINALLY REVIEWED.

I AGREE TO COMPLY WITH THE NIH REQUIREMENTS PERTAINING TO SHIPMENT AND TRANSFER OF RECOMBINANT DNA MATERIALS AND TO COOPERATE WITH THE SIUC BIOLOGICAL SAFETY COMMITTEE IN ITS SUPERVISION OF THESE REQUIREMENTS. I AM FAMILIAR WITH AND AGREE TO ABIDE BY THE PROVISIONS OF THE CURRENT NIH GUIDELINES AND OTHER SPECIFIC NIH INSTRUCTIONS PERTAINING TO THE PROPOSED PROJECT. I AM AWARE THAT A NEW MUA MUST BE COMPLETED AND SUBMITTED TO THE SIUC BIOLOGICAL SAFETY COMMITTEE IF THIS PROJECT IS ALTERED AFTER IT IS BEGUN. THE INFORMATION ABOVE IS ACCURATE AND COMPLETE.

PRINCIPAL INVESTIGATOR ("PER" SIGNATURE NOT ACCEPTABLE)

DATE

I CERTIFY THAT THE SOUTHERN ILLINOIS UNIVERSITY, CARBONDALE BIOLOGICAL SAFETY COMMITTEE HAS REVIEWED ON (DATE) _____ THIS PROPOSED RPROJECT FOR RECOMBINANT DNA EXPERIMENTS AND HAS FOUND IT TO BE IN COMPLIANCE WITH THE NIH GUIDELINES AND OTHER SPECIFIC NIH INSTRUCTIONS PERTAINING TO THE PROPOSED PROJECT.

AND/OR

I ASSURE THAT THE SOUTHERN ILLINOIS UNIVERSITY,CARBONDALE BIOLOGICAL SAFETY COMMITTEE HAS REVIEWED ON (DATE) _____ THIS PROPOSED PROJECT AND THE PLANS FOR FACILITIES PROPOSED OR UNDER CONSTRUCTION OR RENOVATION. RECOMBINANT DNA EXPERIMENTATION WILL NOT OCCUR UNTIL THE COMPLETE FACILITIES HAVE BEEN REVIEWED BY THE SOUTHERN ILLINOIS UNVIERSITY,CARBONDALE BIOLOGICAL SAFETY COMMITTEE AND A MUA WITH CERTIFICATION HAS BEEN SUBMITTED TO NIH.

THE INSTITUTION AGREES TO ACCEPT RESPONSIBILITY FOR THE TRAINING OF ALL LABORATORY WORKERS INVOLVED IN THE PROJECT. THE SOUTHERN ILLINOIS UNVIERSTIY,CARBONDALE BIOLOGICAL SAFETY COMMITTEE WILL MONITOR THROUGHOUT THE DURATION OF THE PROJECT, THE FACILITIES, THE PROCEDURES, AND THE TRAINING AND EXPERTISE OF THE PERSONNEL INVOLVED IN THE RECOMBINANT DNA ACTIVITY.

SIUC BIOLOGICAL SAFETY CHAIRPERSON

DATE

APPLICABLE INSTITUTIONAL OFFICAL

DATE

INSTITUTIONAL OFFICIAL (ADDITIONAL PERFORMANCE SITES, IF APPLICABLE)

DATE