

SOUTHERN ILLINOIS UNIVERSITY, CARBONDALE
MEMORANDUM OF UNDERSTANDING AND AGREEMENT
INVOLVING USE OF BIOLOGICAL MATERIALS
(OTHER THAN FOR 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.

NATURE OF STUDY: BRIEFLY DESCRIBE. IF ANIMALS ARE INVOLVED IN STUDY LIST SPECIES, NUMBERS AND ISOLATION CONSIDERATIONS.

LIST AGENT(S) TO BE USED:

MICROBIOLOGICAL AGENT(S)

CHEMICAL AGENT(S)

OTHER BIOLOGICAL
AGENT(S)

RADIONUCLIDE(S)

LOCATION EXPERIMENTS ARE TO BE PERFORMED. LIST LAB ROOM NUMBER(S). IF ANIMALS ARE TO BE HOUSED IN VIVARIUM SIMPLY LIST LOCATION AS "SIUC VIVARIUM".

TYPE CONTAMINANT FACULTIES NEEDED FOR PROJECT MATERIAL: IF FOR LABORATORY USE SIGNIFY WITH "L", AND/OR IF WITH ANIMALS SIGNIFY WITH "A".

NIH CLASSIFICATION GROUP I _____	CDC CLASSIFICATION CLASS 1 _____	NCI CLASSIFICATION LOW RISK _____	OTHER _____
GROUP II _____	CLASS 2 _____	MODERATE _____	OTHER _____
GROUP III _____	CLASS 3 _____	HIGH RISK _____	OTHER _____

HEALTH SURVEILLANCE: NATURE OF HEALTH SURVEILLANCE NECESSARY AND HOW PLANNED TO BE IMPLEMENTED, PERIODICALLY MONITERED AND FINALLY REVIEWED.

DISCUSS POTENTIAL OR KNOWN HAZARDS, PATHOGENICITY, TOXICITY, CARCINOGENICITY, MUTAGENICITY, AND/OR OTHER AFFECTS TO HUMANS AND ANIMALS (IF TO BE USED), HUMAN AND/OR ANIMALS SYMPTOMS AND SIGNS TO BE OBSERVED FOR WITH AGENT AND SPECIAL MEDICAL ATTENTION POSSIBLY NECESSARAY.

DESCRIBE METHOD OF DEPOSITION OF CONTAMINATED MATERIALS, ANIMAL CARCASSES, ETC.

I AGREE TO COMPLY WITH ALL NECESSARY FEDERAL, STATE AND UNIVERSITY BIOLOGICAL HAZARD POLICIES DURING THIS PROJECT AND TO COOPERATE WITH THE SIUC BIOLOGICAL SAFETY COMMITTEE IN ITS SUPERVISION OF THESE RECOMMENDATIONS. 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 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 PROJECT INVOLVING LISTED BIOLOGICAL MATERIAL AND FOUND IT TO BE IN COMPLIANCE WITH NECESSARY FEDERAL, STATE AND UNIVERSITY BIOLOGICAL HAZARD POLICIES.

SIUC BIOLOGICAL SAFETY CHAIRPERSON

DATE

APPLICABLE INSTITUTIONAL OFFICIAL

DATE

INSTITUTIONAL OFFICIAL (ADDITIONAL PERFORMANCE SITES, IF APPLICABLE)

DATE