



FIU Recombinant DNA & Gene Transfer Application Form

Principal Investigator: _____

Phone: _____ Fax: _____ Email: _____

Title of Project: _____

Building: _____ Room #: _____ Lab Location: _____

Funding Source: _____

Grant/Proposal # _____

Start Date/End Date of study: _____ / _____

List title on IACUC or IRB protocol form if different from above: _____

1) Indicate the section of the NIH Guidelines under which this study falls. In the blank, provide the sub-section number(s) (ex: III-D-5-d).

- Section III-E Sub-section: _____
• Section III-D Sub-section: _____

2) Provide a brief description of the objectives of this study: _____

3) Method of Gene Transfer

Physical methods (injection, electroporation, transfection, "gene gun" etc.)
Please describe the physical method to be used: _____

Hosts & Vectors
Hosts to be used: _____

Vectors to be used: _____

Indicate the risk group of your host and vector (see Appendix B of NIH guidelines for risk group classification). _____

Other
Please describe: _____

4) List all recombinant DNA sources:
Species and any more specific identifiers such as strain etc. _____

5) Characterize the DNA sequences to be inserted (cDNA, genomic, PCR product etc.) _____

6) Does the study involve the deliberate transfer of a drug resistance trait to microorganisms that are not known acquire the trait naturally? Yes__No__

7) Does the study involve the deliberate formation of recombinant DNA containing genes for the biosynthesis of toxin molecules lethal for vertebrates? Yes__ No__
 If Yes, what is the LD50 for these toxins in nanograms per kilogram of body weight? _____

8) Will this study attempt to express a foreign gene? Yes__No__
 If yes, which protein? _____
 Is the protein an oncogene? Yes__ No__

9) Experiments will involve:
 (List species, strain etc. for all Yes answers)

Viruses _____	Yes__ No__
Whole animals _____	Yes__ No__
Whole plants _____	Yes__ No__
In vitro work (cell culture, etc.) _____	Yes__ No__
Microorganisms _____	Yes__ No__
Fungi _____	Yes__ No__
Insects _____	Yes__ No__
Other _____	Yes__ No__

10) Will live animals be transfected, infected or injected with cells that carry recombinant DNA? Yes__No__
 Does this study involve the creation of a transgenic animal? Yes__No__

11) What Biosafety level (See [Appendix G](#) for details) will be used in this study? _____
 What are the containment conditions? (See [Section II-B](#) for details)

 Laboratory Location (Building, Room numbers) _____
 Animal Housing Facility (Building, Room numbers) _____

12) If experiments involve viruses:

- Do experiments involve formation of recombinant DNA molecules containing more than two-thirds of the genome of any eukaryotic virus? Yes__ No__
- Will infectious human, animal, or plant viruses be used? Yes__No__
- Will experiments using defective animal or plant viruses also include a helper virus? Yes__ No__
- Is the virus replication deficient? Yes__ No__

If No, describe procedures that prevent a recombinant non-defective virus from being created during the experiments. _____

• List the full names of all genes to be transferred, and the species of origin. (If more space is required, use back of this page)

Full Gene Name	Species/Strain of Origin

13) Do experiments involve releasing an organism containing

recombinant DNA into the environment?

Yes__No__

If Yes, has approval for this release been filed with the appropriate State or Federal Agency?

Yes__No__

A copy of approval to must be submitted to the IBC prior to final approval.

14) Will all personnel be trained and made aware of risks prior to initiation of experiments?

Yes__No__

Principal Investigator statement of conformity with NIH guidelines

If ANY changes in the information provided above occur, a revised form will be submitted for IBC approval prior to initiation of studies.

By signing below I agree that all work on this project will be conducted according to NIH Guidelines for Research Involving Recombinant DNA Molecules.

Principal Investigator's signature

Print Name

Date

For IBC Use Only:

Submit to IBC for review under:

Section III-D _____

Section III-E _____

Request Revisions/Clarifications _____

Comments:

Please complete and mail to:

Kathleen Rein, IBC Chair
Department of Chemistry and Biochemistry
Florida International University
Miami, FL 33199