



FIUIBC Exemption Request 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:

The NIH Guidelines for research involving recombinant DNA molecules list the following specific exemptions. In order to qualify, you must indicate which of the following exemptions apply to your study.

This study ONLY involves:

- recombinant molecules that are not in organisms or viruses (Section III F-1) Yes__No__
recombinant molecules that consist entirely of DNA segments from a single non-chromosomal or viral DNA source (Section III F-2) . Yes__No__
recombinant molecules that consist entirely of DNA from a prokaryotic host when propagated in that host (Section III F-3). Yes__No__
recombinant molecules that consist entirely of DNA from a eukaryotic host when propagated in that host (Section III F-4). Yes__No__
recombinant molecules that consist of DNA from different species that exchange DNA through known physiologic processes (Section III F-5). Yes__No__
(See Appendices A-I through A-VI for the lists of natural exchangers that are exempt.)

• recombinant molecules that do not present a risk to health as determined by the NIH Director (Section III F-6).

Yes__No__

(See [Appendix C](#) for exemptions under this section and for other classes of experiments that are exempt under the NIH guidelines.)

If your use of recombinant DNA qualifies for an exemption under these criteria, please fill out the remainder of this form. If your study **does not** meet any of the exemption criteria listed above, your application will require full review by the IBC. Please return to our website and fill out the appropriate form for IBC review.

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

2) Please provide the following information for recombinant DNA molecules:

Source(s) of DNA: _____

Host(s) _____

Vector(s) _____

Experimental use _____

Principal Investigator's Signature Print Name Date

For IBC Use Only

Noted as Exempt _____

Request Revisions/Clarifications _____

Request Full IBC Review _____

Comments: _____

IBC Chair/ IBC member signature

Date

Please complete and mail to:
Kathleen Rein, IBC Chair
Department of Chemistry and Biochemistry
Florida International University
Miami, FL 33199