

REGISTRATION FORM  
INSTITUTIONAL BIOSAFETY COMMITTEE  
Activities Involving PRIMATE CELL LINES OR TISSUES  
August 2008

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IBC USE ONLY: Received \_\_\_\_\_ Approved \_\_\_\_\_ Level \_\_\_\_\_

Signature \_\_\_\_\_

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P.I. Name \_\_\_\_\_ Department \_\_\_\_\_

e-mail \_\_\_\_\_ Telephone \_\_\_\_\_

Project title \_\_\_\_\_ Start date \_\_\_\_\_

1) Name of cell line(s): \_\_\_\_\_  
(Optional: ATCC Recommended biosafety level:      BSL-1      BSL-2)

AND/ OR

Tissue source: \_\_\_\_\_

2) CDC-recommended biosafety level  
    BSL-2

3) Applicable section of CDC guidelines  
<http://www.cdc.gov/od/ohs/biosfty/bmbl5/bmbl5toc.htm>  
    APPENDIX H

4) Description of health surveillance recommended by CDC for project personnel:  
    \_\_\_\_\_  
    \_\_\_\_\_

5) Location of activities (building and room number(s)): \_\_\_\_\_

6) Names and roles of all project personnel: