**Confirmation of Institutional Permits and Authorizations to Conduct**

**Restricted Laboratory Research and Studies Involving Animal or Human Subjects**

Prior to review of a proposal, the Center for Produce Safety requires the PI to confirm that all relevant institutional or organizational permits and authorizations (listed below) have been obtained for the project period.

This proposal involves the isolation and recovery of human pathogens and/or the use of pathogenic isolates or attenuated pathogens requiring handling and containment specified under Biosafety level (BSL) II restrictions and conditions.

No

Yes

All Co-PIs and collaborating institutions involved in this research currently have a Biological Use Authorization (BUA) issued by their Institutional Biosafety Committee (IBC) for the specific pathogens, attenuated pathogens, and research space planned for this proposal, or the equivalent organizational review and approval authorities.

No

Yes

This proposal involves the use of recombinant DNA technologies involving human pathogens requiring handling and containment specified under BSL II or BSL III restrictions and conditions.

No

Yes

All Co-PIs and collaborating institutions involved in this research currently have a Biological Use Authorization (BUA) issued by their Institutional Biosafety Committee (IBC) for the specific recombinant constructs and pathogens as well as research space planned for this proposal or the equivalent organizational review and approval authorities.

No

Yes Containment Protocol Number\_\_\_\_\_\_\_\_\_\_ PI named on approved recombinant BUA\_\_\_\_\_\_\_\_\_

Vertebrate animals are involved in the research to be conducted by any of the collaborating researchers.

No

Yes Protocol Number \_\_\_\_\_\_\_\_\_ PI named on approved Protocol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Human subjects are involved in the research to be conducted by any of the collaborating researchers.

No

Yes Protocol Number\_\_\_\_\_\_\_\_ PI named on approved Protocol\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_