

Project Information

Title:

Area:

Objective:

1.

2.

3.

INDIAN INSTITUTE OF TECHNOLOGY BOMBAY OFFICE OF THE DEAN R&D

Doc. No.IITB/IBSC/01 Rev:02

PROFORMA FOR SUBMITTING PROJECT DETAILS TO INSTITUTE BIOSAFETY COMMITTEE

4.	Keywords:
Inform	nation about the Principal Investigator
5.	Name:
6.	Designation:
7.	Dept. /Div.
8.	Telephone:
Projec	t details
9.	List of personnel involved with the project (Name and Designation):
10.	Funding Agency:
11.	Grant approved (in lakhs):
12.	Status: (Ongoing/Completed/New)
13.	Duration of project:
14.	Brief description of the project:
Catego	orisation data:
15.	Source of nucleic acid:
16.	Specimen of nucleic acid sequence:
17.	Vector host system:

18.	Manipulative procedure:
19.	Categorisation of Research Project:
	Exempt () Notification () Approval ()
20.	Containment category:
	P1() P2() P3() P4()
21.	Environmental risk assessment:
	Safety control level Containment level
	Unmodified organism
	Genetically modified
22.	IBSC approval for experimental trials (Y/N)
23.	Type of biological material handled ($$)
	 a. Unmodified Organism b. Genetically Modified Organism c. Blood d. Body fluids e. Human tissues f. Animal tissues g. Cell lines h. Other specify
24.	If handling blood/body fluids/human tissues, Hepatitis B vaccination is recommended for all personnel involved. Mention whether supporting document for the same is attached or not
	Vaccination Schedule for each personnel involved in the project should be given below Name of the personnel: Date of first vaccination: Date of second vaccination:
	[Please note that at least three shots are required for the vaccination to be effective. <i>First dose</i> any time; <i>second dose</i> -at least one month after the first dose, <i>third dose</i> - at least 6 months after the second dose.Project personnel will be allowed to work only after taking the second dose and the vaccination record or an undertaking to this effect should be submitted to IBSC]
25.	Details of containment measures (laboratory practices, containment equipment etc.):
26.	Name and contact numbers of personnel to be contacted in case of emergency:
Date:	Signature of PI