RECOMBINANT DNA REGISTRATION DOCUMENT

1.   **Source of cloned DNA (species or strain):**

2.   **Nature of inserted DNA sequence (for example- regulatory or coding region, entire genome, synthetic antisense Sequences, etc.):**

3.   **Vectors used:**

        Phage (Vectors used) –

        Plasmids (conjugative/non-conjugative) –

4.   **Viral Component(s) sequence(s) present?**

5.   **Host organism(s) for foreign sequences (such as –E. coli K-12, and any other pertinent details):**

6.   **Volume of material used or stored: More than 10 liters?   Yes   No**

7.   **Please circle the appropriate answer and answer all questions in this section**

	Yes	No
Will this involve gene transfer to humans?		
Will this involve the use of human blood or tissue? (If yes, fill out Appendix A-3)		
Are transgenic rodents generated in this research? What genetic alternation will be made?		
Will an attempt be made to obtain expression of a foreign protein? What protein will be produced? **Indicate possible toxicity or other hazards, if any:**		
Will this rDNA be introduced into animals?		
Is any rDNA to be used in this research derived from a plant pathogen?		
Are transgenic plants generated in this research? What genetic alterations will be made?		

8. **Proposed containment level according to NIH**

   Physical: _____

   Biological: _____

9. **Describe the experimental manipulations and uses of the rDNA. Include handling, storage, and culturing practices in place to reduce exposure risk. Include the types of manipulation, route of administration, route of excretion (if applicable), biohazardous waste management, laboratory security, and additional personal protective equipment recommended for potentially exposed personnel.**

I affirm that I am aware of and will adhere to the most recent NIH guidelines relating to all aspects of the proposed project. The information above is accurate and complete. I will inform the Environmental Health and Safety Department promptly, in writing, of any significant changes in the information above and will request further approval as needed.

Principal Investigator's Name: _____

Principal Investigator's Initials: _____

Location of Research _____

Date: _____