



TOWSON UNIVERSITY

Registration Document for Recombinant DNA Experiments

Please type or print clearly. Attach additional sheets, if necessary		RD Number (to be completed by EHS/IBC)
Principal Investigator		Laboratory Building & Room No.
Department		Telephone No. of PI
SECTION A: Will the experiments be carried out in <i>Escherichia coli</i> or other prokaryotic hosts? <input type="checkbox"/> Yes, <i>Escherichia coli</i> <input type="checkbox"/> Yes, other prokaryotic hosts <input type="checkbox"/> No (Go on to Section B.)		
If "yes" describe the specific host, vector, and DNA to be inserted and briefly describe the objectives of the experiments.		
Title of Project/Proposal:		
Host:		
Vectors:		
Inserted DNA:		
Relevant section of the NIH Guidelines		Physical Containment
SECTION B: Will the experiments be carried out in eukaryotic cells, including whole plants or animals? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go on to Section C.)		
If "yes", describe the specific host, vector, and DNA to be inserted and briefly describe the objectives of the experiment.		
Host:		
Vectors:		
Inserted DNA:		
Will rDNA molecules contain more than 1/2 of any eukaryotic viral genome?		
If a viral vector is to be used, will infectious virus be generated? <input type="checkbox"/> No <input type="checkbox"/> Yes	Relevant section of the NIH Guidelines	Physical Containment
SECTION C: Will studies include attempts to obtain expression of foreign gene, other than those used for selection purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes", what protein?		
I acknowledge my responsibility for the conduct of this research in accordance with Section IV-B-4 of the NIH Guidelines.		
Principal Investigator signature _____		Date _____
Department Chair signature _____		Date _____
Below to be completed by EHS/IBC		
The laboratory was certified at BL _____ on _____		Registration approved on _____
by _____		by _____

Return completed form to Environmental Health & Safety