

REGISTRATION DOCUMENT FOR RECOMBINANT DNA RESEARCH

ANY RECOMBINANT DNA RESEARCH AND/OR TEACHING WITHOUT PRIOR APPROVAL IS A VIOLATION OF MICHIGAN TECHNOLOGICAL UNIVERSITY POLICIES AND PROCEDURES. TO ENSURE A PROMPT REVIEW, PLEASE MAKE CERTAIN THAT YOUR APPLICATION IS COMPLETE. WHEN COMPLETED RETURN TO THE RESEARCH INTEGRITY AND COMPLIANCE OFFICE, 317 ADMINISTRATION BLDG.

GENERAL INFORMATION

Principal Investigator*: _____ Department/email: _____

Co-Investigator(s): _____ Department/email: _____

_____ Department/email: _____

_____ Department/email: _____

Project Title: _____

Anticipated Funding Agency: _____

Expected Duration of Project: (start) _____ (end) _____

* The principal investigator of a project must be a faculty or staff member. If students are involved in a project, he or she should be listed as a co-investigator.

REQUIRED INFORMATION

Source(s) of DNA (species): _____

Nature of inserted DNA Sequences: _____

Specific host(s): _____

Specific vector(s): _____

Will the studies include deliberate attempts to obtain expression of a foreign gene? Yes No

If yes, what protein(s): _____

Containment Level(s): _____

Biosafety Level(s): _____

Containment procedures to be used: _____

NOTE: If the proposed research requires containment level of BL2 or above or involves transgenic plants and/or animals, please include a description of the experimental methodology and required containment procedures (attach additional page if needed):

Other laboratory personnel associated with this project: _____

INVESTIGATOR'S ASSURANCE

I acknowledge my responsibility for the conduct of this research in accordance with Section IV-B-7 of the NIH Guidelines for Research Involving Recombinant DNA Molecules. I will not begin this research until has been approved. I assure that I will obtain committee approval prior to implementing any significant changes in the protocol.

Principal Investigator's Signature: _____ Date: _____