

**FIU Recombinant DNA & Gene Transfer Application Form**

Principal Investigator: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Title of Project: \_\_\_\_\_

Building: \_\_\_\_\_ Room #: \_\_\_\_\_ Lab Location: \_\_\_\_\_

Funding Source: \_\_\_\_\_

Grant/Proposal # \_\_\_\_\_

Start Date/End Date of study: \_\_\_\_\_ / \_\_\_\_\_

List title on IACUC or IRB protocol form if different from above:  
\_\_\_\_\_

1) Indicate the section of the NIH Guidelines under which this study falls. In the blank, provide the sub-section number(s) (ex: III-D-5-d).

- Section III-E Sub-section: \_\_\_\_\_
- Section III-D Sub-section: \_\_\_\_\_

2) Provide a brief description of the objectives of this study:  
\_\_\_\_\_  
\_\_\_\_\_

3) Method of Gene Transfer

Physical methods (injection, electroporation, transfection, "gene gun" etc.)  
Please describe the physical method to be used: \_\_\_\_\_  
\_\_\_\_\_

Hosts & Vectors  
Hosts to be used: \_\_\_\_\_  
\_\_\_\_\_

Vectors to be used: \_\_\_\_\_  
\_\_\_\_\_

Indicate the risk group of your host and vector (see [Appendix B](#) of NIH guidelines for risk group classification). \_\_\_\_\_  
\_\_\_\_\_

Other  
Please describe: \_\_\_\_\_  
\_\_\_\_\_

4) List all recombinant DNA sources:  
Species and any more specific identifiers such as strain etc. \_\_\_\_\_  
\_\_\_\_\_

5) Characterize the DNA sequences to be inserted (cDNA, genomic, PCR product etc.)  
\_\_\_\_\_  
\_\_\_\_\_

6) Does the study involve the deliberate transfer of a drug resistance

trait to microorganisms that are not known acquire the trait naturally? Yes\_\_ No\_\_

7) Does the study involve the deliberate formation of recombinant DNA containing genes for the biosynthesis of toxin molecules lethal for vertebrates? Yes\_\_ No\_\_

If Yes, what is the LD50 for these toxins in nanograms per kilogram of body weight? \_\_\_\_\_

8) Will this study attempt to express a foreign gene? Yes\_\_ No\_\_

If yes, which protein? \_\_\_\_\_

Is the protein an oncogene? Yes\_\_ No\_\_

9) Experiments will involve:

(List species, strain etc. for all Yes answers)

Viruses \_\_\_\_\_ Yes\_\_ No\_\_

Whole animals \_\_\_\_\_ Yes\_\_ No\_\_

Whole plants \_\_\_\_\_ Yes\_\_ No\_\_

In vitro work (cell culture, etc.) \_\_\_\_\_ Yes\_\_ No\_\_

Microorganisms \_\_\_\_\_ Yes\_\_ No\_\_

Fungi \_\_\_\_\_ Yes\_\_ No\_\_

Insects \_\_\_\_\_ Yes\_\_ No\_\_

Other \_\_\_\_\_ Yes\_\_ No\_\_

10) Will live animals be transfected, infected or injected with cells that carry recombinant DNA? Yes\_\_ No\_\_

Does this study involve the creation of a transgenic animal? Yes\_\_ No\_\_

11) What Biosafety level (See [Appendix G](#) for details) will be used in this study? \_\_\_\_\_  
What are the containment conditions? (See [Section II-B](#) for details)

\_\_\_\_\_  
Laboratory Location (Building, Room numbers) \_\_\_\_\_

Animal Housing Facility (Building, Room numbers) \_\_\_\_\_

12) If experiments involve viruses:

• Do experiments involve formation of recombinant DNA molecules containing more than two-thirds of the genome of any eukaryotic virus? Yes\_\_ No\_\_

• Will infectious human, animal, or plant viruses be used? Yes\_\_ No\_\_

• Will experiments using defective animal or plant viruses also include a helper virus? Yes\_\_ No\_\_

• Is the virus replication deficient? Yes\_\_ No\_\_

If Yes, describe procedures that prevent a recombinant non-defective virus from being created during the experiments. \_\_\_\_\_

\_\_\_\_\_  
• List the full names of all genes to be transferred, and the species of origin. (If more space is required, use back of this page)

Full Gene Name	Species/Strain of Origin

13) Do experiments involve releasing an organism containing

recombinant DNA into the environment? Yes\_\_ No\_\_

If Yes, has approval for this release been filed with the appropriate State or Federal Agency? Yes\_\_ No\_\_

A copy of approval to must be submitted to the IBC prior to final approval.

14) Will all personnel be trained and made aware of risks prior to initiation of experiments? Yes\_\_ No\_\_

**Principal Investigator statement of conformity with NIH guidelines**

If ANY changes in the information provided above occur, a revised form will be submitted for IBC approval prior to initiation of studies.

By signing below I agree that all work on this project will be conducted according to NIH Guidelines for Research Involving Recombinant DNA Molecules.

\_\_\_\_\_  
**Principal Investigator's signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

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**For IBC Use Only**

Submit to IBC for review under:

Section III-D \_\_\_\_\_

Section III-E \_\_\_\_\_

Request Revisions/Clarifications \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please complete and mail to:  
Kathleen Rein, IBC Chair  
Department of Chemistry and Biochemistry  
Florida International University  
Miami, FL 33199