**Request for Change to Principal Investigator**

**Required for Biological Use Authorization from the Institutional Biosafety Committee**

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| This application is to change the Principal Investigator of existing research projects that involve biohazards and therefore require Biological Use Authorization (BUA) from the Institutional Biosafety Committee (IBC). More information about this application and the review process is available on the [EH&S website](https://www.ehs.washington.edu/biological/biological-research-approval).1. Complete all questions. Fields will expand as needed.
2. Links to relevant [Frequently Asked Questions (FAQs)](http://www.ehs.washington.edu/biological-use-authorization-bua-application-faqs), as well as links to reference and supplemental documents, are provided throughout the application.
3. Submit completed application and any supplemental documents, SOPs, or permits to EH&S Biosafety at ehsbio@uw.edu or by responding to your BUA request email ticket.

**EH&S Biosafety****ehsbio@uw.edu** **· Box 354990 · 206-221-7770** |
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**General Project Information**

[FAQ](http://www.ehs.washington.edu/biological-use-authorization-bua-application-faqs)

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| **Date Submitted**       | **Reason for PI change**       |
| **Former Principal Investigator Information** | **Name** | **Email** | **Phone** |
|       |       |       |
| **Former Project Title**       | **Former BUA number**    **-**   **-**    | **Former IACUC number**     **-**   |
|  | **Name** | **Phone** | **Email** | **UW NetID** | **Advanced Degree(s)** | **Position or Title** |
| **New Principal Investigator**  |       |       |       |       |       |       |
| **New Lab Contact** if different than PI |       |       |       |       |       |       |
| **New Project Title:**       | **New IACUC number** if known and applicable to this BUA    **-**   | **New Human Subjects Division Number(s)** if applicable to this BUA       |
| **New PI Department**       | **New PI Division** if applicable       | **New PI Box Number**       |

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| General Biosafety Laboratory PracticesReference the [UW Biosafety Manual (BSM)](https://www.ehs.washington.edu/resource/biosafety-manual-4). |
|  | Yes | No |  |
|  |[ ] [ ]  I have a current [BSM](https://www.ehs.washington.edu/resource/biosafety-manual-4) that is available to staff. |
|  |[ ] [ ]  I have written decontamination procedures for equipment and surfaces. Refer to [BSM Section 4](https://www.ehs.washington.edu/system/files/resources/uw-biosafety-manual.pdf#page=28). |
|  |[ ] [ ]  I use appropriate decontaminants with the appropriate contact time for the agents I work with. List disinfectants used:       |
|  |[ ] [ ]  All biological waste is decontaminated prior to disposal. Methods used include the following: |
|  |  |  | [ ]  Autoclaved on-site by the laboratory. Specify location:       |
|  |  |  | [ ]  Transported to an autoclave cost center. Specify location:       |
|  |  |  | [ ]  Shipped off-site as regulated medical waste. |
|  |[ ] [ ]  Biohazardous materials are transported between UW buildings according to the [Biohazard Transport Policy](https://www.ehs.washington.edu/biological/biological-research-safety/biohazard-transport-policy). If yes, specify the transportation method:        |
|  |[ ] [ ]  Biological agents are transported within buildings in leak-proof, secondary containers. |
|  |[ ] [ ]  I have procedures in place for the safe use and handling of [sharps](https://www.ehs.washington.edu/biological/sharps-and-laboratory-glass) that I work with. |
|  |[ ] [ ]  [First aid and medical follow-up procedures](https://www.ehs.washington.edu/system/files/resources/exposure-response-poster.pdf) are in place in the event of an exposure incident.  |
|  |[ ] [ ]  A biohazard label is affixed to equipment used for biological agents when appropriate. |
|  |[ ] [ ]  A [biohazard door sign](https://www.ehs.washington.edu/system/files/resources/biohazard-sign.pdf) is posted as required. |
|  |[ ] [ ]  This project involves shipping of biological materials or importation of biological materials from other countries. |
|  |[ ] [ ]  I have other written biosafety standard operating procedures (SOPs). List:       |

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| Project Scope |
| Review the current BUA letter to answer the following questions. Email ehsbio@uw.edu if you need a copy. |
|  | Yes | No |  |
|  |[ ] [ ]  I will be using a room other than those already listed on the BUA letter. |
|  |[ ] [ ]  I will be using an agent other than those already listed on the BUA letter. |
| If yes to Question 1 or 2, submit a [BUA change application](https://www.ehs.washington.edu/system/files/resources/bua-change.docx) along with this PI change application to ehsbio@uw.edu. PIs for clinical trial BUAs can skip ahead to Question 23 and answer as applicable. |

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| **Personal Protective Equipment**Refer to [WAC 296-800-160](http://apps.leg.wa.gov/wac/default.aspx?cite=296-800-160) and [UW APS 10.4](http://www.washington.edu/admin/rules/policies/APS/10.04.html) for applicable regulations. |
|  | Yes | No |  |
|  |[ ] [ ]  I have identified the PPE requirements for each proposed activity associated with this project and will enforce the use of required PPE. Use the [Laboratory PPE Hazard Assessment Guide](https://www.ehs.washington.edu/system/files/resources/lab-ppe-hazard-assessment.docx). |
|  |[ ] [ ]  Protective lab coats designed for lab use are worn while working with hazardous materials. |
|  |[ ] [ ]  A [lab coat laundering service](https://www.ehs.washington.edu/about/latest-news/lab-coat-laundry-requirements-labs-work-biohazards) has been identified for routine cleaning of reusable lab coats. |
|  |[ ] [ ]  This project involves tasks with the potential for splash/splatter to mucous membranes. These tasks require the following PPE: |
|  |  |  | [ ]  Safety glasses | [ ]  Goggles | [ ]  Face shield |
|  |  |  | [ ]  Surgical mask | [ ]  Other (specify):       |
|  |[ ] [ ]  This project involves tasks with an inhalation risk from infectious aerosols outside of containment. |
|  |[ ] [ ]  Gloves are inspected before use and are changed when contaminated, when integrity has been compromised, and when otherwise necessary. |
|  |[ ] [ ]  PPE is removed before entering non-contaminated areas (e.g., public hallways, lunchrooms). |
|  |[ ] [ ]  PPE is removed in an order that minimizes cross-contamination. |

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| **Training** [Refer to FAQ](http://www.ehs.washington.edu/biological-use-authorization-bua-application-faqs#T1) and the EH&S [Laboratory Training Matrix](http://www.ehs.washington.edu/system/files/resources/ehslabsafetytrainmatrix.pdf) for suggested training classes. |
|  | Yes | No |  |
|  |[ ] [ ]  [EH&S Biosafety Training](http://www.ehs.washington.edu/training/biosafety-training-online) is completed. [FAQ](https://www.ehs.washington.edu/biological/biological-research-approval/biological-use-authorization-bua-application-faqs#T1) Required for PIs and lab staff every three years. |
|  |[ ] [ ]  PI/supervisor has provided lab-specific biosafety training to laboratory personnel including safe lab practices, required PPE, health hazards of each biological agent, and signs and symptoms of exposure. |
|  | Yes | No | N/A |  |
|  |[ ] [ ] [ ]  [EH&S Shipping Biological Substances Category B Training](https://www.ehs.washington.edu/training/shipping-biological-substances-category-b-online) and/or [EH&S Shipping Hazardous Materials Training](http://www.ehs.washington.edu/training/shipping-hazardous-materials) are completed. Required for shippers and/or transporters of infectious substances or hazardous materials. [FAQ](https://www.ehs.washington.edu/biological/biological-research-approval/biological-use-authorization-bua-application-faqs#T2) |
|  |[ ] [ ] [ ]  [EH&S Bloodborne Pathogens for Researchers Training](http://www.ehs.washington.edu/training/bloodborne-pathogens-researchers-online) is completed initially and annually. |
|  |[ ] [ ] [ ]  PI/supervisor has provided lab-specific training on the site-specific BBP exposure control plan. |
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| Principal Investigator Statement of Responsibility [FAQ](https://www.ehs.washington.edu/biological/biological-research-approval/biological-use-authorization-bua-application-faqs#SR1)* As Principal Investigator for this project, I have the responsibility to ensure that my laboratory operates in a safe manner and that all staff and students are informed of risk, appropriately wear protective equipment, and are adequately trained.
* I understand that I am responsible for assuring that my laboratory complies with all federal, state, and local environmental laws and regulations. I will comply with shipping requirements for hazardous materials.
* If my work involves **recombinant or synthetic DNA/RNA molecules**, I acknowledge that I am responsible for **full compliance** with the NIH Guidelinesin the conduct of recombinant and synthetic DNA/RNA research.
* **I will neither initiate nor modify** any recombinant or synthetic DNA/RNA research that requires IBC approval prior to initiation until IBC approval is given.
* I will report the following to an EH&S biosafety officer at 206-221-7770 or ehsbio@uw.edu as soon as possible:
	1. Violations of the NIH Guidelines;
	2. Biohazardous spills;
	3. Loss of biohazard containment;
	4. Research-related accidents or illnesses;
	5. Exposures or potential exposures to biohazards, including recombinant or synthetic DNA/RNA;
	6. Exposures or potential exposures involving animals previously exposed to biohazards, including recombinant or synthetic DNA/RNA.
* I will adhere to the IBC-approved emergency plans for [spill response](https://www.ehs.washington.edu/system/files/resources/spill-response-poster.pdf) and [personnel exposures](https://www.ehs.washington.edu/system/files/resources/exposure-response-poster.pdf).
* In case of incidents or near misses, I will instruct my staff to complete the [Online Accident Reporting System (OARS)](https://www.ehs.washington.edu/workplace/accident-and-injury-reporting) form within 24 hours. If any of my staff are employed by the University of Washington Medical Center or Harborview Medical Center, then I will direct them to complete an accident report through the medical centers.

* I will ensure that all personnel working in my laboratory are familiar with the [University’s Accident Prevention Plan](https://www.ehs.washington.edu/workplace/accident-prevention-plan) and our department/unit’s Supplemental Accident Prevention Plan.

**To the best of my knowledge, the information reported on this form is correct and accurately reflects my proposed research.** **I further understand that I must contact EH&S Biosafety prior to initiating any changes in my research involving biological materials (including recombinant or synthetic DNA/RNA).**     Principal Investigator Name (printed or typed)           Principal Investigator Signature/Electronic Signature Date |

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| Submit completed application and any supplemental documents, SOPs or permits to ehsbio@uw.edu. |
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