



DREXEL UNIVERSITY'S INSTITUTIONAL BIOSAFETY COMMITTEE  
BIOSAFETY PROTOCOL APPLICATION  
*Animal Use Addendum (Form D)*

**Instructions**

- Complete this form for all research activities involving the use of animals in conjunction with recombinant DNA (rDNA), toxins, chemical carcinogens, or cytotoxic drugs (collectively referred to hereafter as "hazardous substances.")
- This form must be accompanied by the **General Biohazard Form (Form A)**.
- If your animal experiments involve the use of more than one hazardous substance, fill out one form for each hazardous substance used in your experiments.
- Changes to an approved biosafety protocol must be made by filing a **Protocol Amendment Form (Form E)** for Institutional Biosafety Committee review.
- If you have questions about this form or the application process, please contact us by phone (215-762-7147) or e-mail ([biosafety@drexel.edu](mailto:biosafety@drexel.edu)).

**1. PROJECT AND INVESTIGATOR INFORMATION**

Project Title (Must exactly match the grant title if externally funded)

Principal Investigator's Name

**2. RESEARCH DESCRIPTION**

a. Provide a brief description of experimental procedures that involve animal use.

b. Indicate the species of the animals to be used. **Note:** Use one form for each species (unless details for all species are identical).

**3. BIOHAZARDS ASSOCIATED WITH ANIMAL USE (check all that apply):**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Pathogenic organisms or human/primate samples (as described on <b>Form A</b> ) |
| <input type="checkbox"/> | Generation or use (in vitro or in vivo) of rDNA (also complete <b>Form B</b> ) |
| <input type="checkbox"/> | Use of chemical carcinogens or cytotoxic agents (also complete <b>Form C</b> ) |

**4. BIOHAZARDS AND RISKS**

a. List the hazardous substance associated with experiments involving animals. **Note:** Use one form for each hazardous substance (unless details for all hazards are identical).

b. Indicate the Animal Biosafety Level (ABSL) required for this work. For more information about

ABSL categories, refer to Biosafety in Microbiological and Biomedical Laboratories ( <a href="http://www.cdc.gov/biosafety/publications/bmbl5/BMML5_sect_V.pdf">http://www.cdc.gov/biosafety/publications/bmbl5/BMML5_sect_V.pdf</a> ).			
ABSL 1 <input type="checkbox"/> ABSL 2 <input type="checkbox"/> ABSL 3 <input type="checkbox"/> ABSL 4 <input type="checkbox"/>			
c. Where will the hazardous substance be encountered during experiments involving animals?			
<i>Location of work with animals</i>	<i>Building</i>	<i>Room Number</i>	
Select one			
Select one			
Select one			
d. Complete the following table to indicate how the hazardous substance will be administered to animals. Routes of administration include (but are not limited to) intravenous, intraperitoneal, intracerebral, gavage, application to skin, ingestion, and inhalation. If only one administration is required, enter "Once" for the frequency. If multiple administrations are required, indicate the frequency of administration (e.g., daily, every 3 hours).			
<i>Location of administration</i>	<i>Route of administration</i>	<i>Frequency of Administration</i>	<i>Duration of the hazardous condition after administration</i>
Select one			
Select one			
Select one			
e. Describe the potential modes of exposure (e.g. inhalation, ingestion, skin contact, injection) for personnel working with the hazardous substance.			

5. RISK MANAGEMENT		
a. As a consequence of working with this hazardous substance, do people working with animals require any prophylactic vaccinations, health surveillance, or protective outerwear (e.g., gloves, shoe covers, respirator, disposable gown, or goggles)? If your answer is <b>Yes</b> , provide the information below. <b>Note:</b> It is the responsibility of the <b>Principal Investigator</b> to make arrangements for special protective outerwear (other than gloves, gowns, and shoe covers), vaccinations, health surveillance, or training in these areas.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location where protection is needed</i>	<i>Description of required protection</i>	<i>Required duration of protection</i>
Select one		
Select one		
Select one		
Describe the procedures for the disposal or decontamination of protective outerwear. Indicate the person (and job title) who will be responsible for disposal and/or decontamination.		
Describe, if required, the vaccination or health surveillance. Include in your description the source of the vaccination or the provider of the health surveillance service.		

b. When working with animals, is it necessary to have mechanical protection from the hazardous substance (e.g., use of a biosafety cabinet for injections or changing cages)? If your answer is <b>Yes</b> , provide the following information.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Location where protection is needed</i>	<i>Description of necessary mechanical protection</i>	<i>Required duration of protection</i>
Animal Facility	Select one	
Select one		
Select one		
Describe the procedures necessary to decontaminate the mechanical protection.		
c. Do individuals who interact with the animals need to be informed of appropriate safety procedures that need to be followed? If your answer is <b>Yes</b> , indicate how these individuals will be trained in or informed of these procedures. <b>Note:</b> Personnel affected by the use of hazardous substances in animals include: (i) individuals who administer the hazard, (ii) individuals who perform animal surgeries, (iii) animal facility personnel who care for the animals, clean cages, and otherwise regularly interact with the animals. Responses may include: door signage; cage signage; discussion with ULAR staff prior to experiments; and/or a final copy of this form in the animal room.		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Individual needing training</i>	<i>Description of training</i>	
Animal Facility		
Select one		
Select one		
d. Are there any additional precautions needed during cage changing to protect against dust formation or the production of aerosols? If your answer is <b>Yes</b> , select the necessary precaution (*investigator-initiated cage change).		<input type="checkbox"/> Yes <input type="checkbox"/> No
Perform cage change Select one.		
e. Should bedding be decontaminated by autoclaving prior to dumping the bedding into plastic bags?		<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are there any additional precautions that are necessary for working with these animals? If your answer is <b>Yes</b> , describe the necessary precautions.		<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Describe the storage and disposal of the animal carcasses.		

6. EMERGENCY PROCEDURES	
a. As a consequence of working with this hazardous substance in animals, are there procedures to be followed in the event of accidental <b>direct</b> human exposure (e.g., needle stick, inhalation, animal bite)? If your answer is <b>Yes</b> , describe the necessary actions. <b>Note:</b> Refer to the following specific guidance regarding needle sticks or injuries by contaminated sharps.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Note:</b> In the event of a needle stick or any other injury resulting from exposure to contaminated sharps, employees should, in accordance with the Drexel University Bloodborne Pathogens Compliance Plan, take the following actions:</p> <ul style="list-style-type: none"> <li>• Immediately cleanse the affected area with soap and water. Be sure to use plenty of soap and a strong stream of water. If the eyes, nose, or mouth are exposed, rinse heavily with water only (no soap).</li> <li>• After cleansing, notify your supervisor immediately and seek medical care at WorkNet Occupational Health (located on the first floor of the Bobst Building on the Center City campus) for post exposure evaluation. This facility is open Monday through Friday from 8 am until 5pm. If WorkNet is not available or if exposure occurs after hours or on the weekend, please proceed to the nearest emergency room.</li> <li>• Complete and fax an Employee Injury Report to Risk Management and the Department of Environmental Health and Safety (EHS) within 24 hours. EHS will conduct an accident investigation after any exposure incident.</li> </ul>	
<p>b. As a consequence of working with this hazardous substance in animals, are there procedures to be followed in the event of accidental <b>indirect</b> human exposure (e.g., a spill on the floor)? If your answer is <b>Yes</b>, describe the necessary actions. <b>Note:</b> If a response to <b>indirect</b> exposure requires materials other than those commonly available (e.g., paper towels), it is the responsibility of the <b>Principal Investigator</b> to provide the necessary supplies.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>c. If medical attention is necessary, does a physician require special training or information? If your answer is <b>Yes</b>, describe the training or information, and indicate how the physician will receive that training or knowledge. <b>Note:</b> It is the responsibility of the <b>Principal Investigator</b> to arrange for such training and provide the necessary information.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p><b>7. ADDITIONAL INFORMATION</b></p>
<p>Use this text field to provide any additional information pertinent to your work and this biosafety protocol form.</p>

<p><b>CERTIFICATION BY THE PRINCIPAL INVESTIGATOR</b></p>	
<p>I affirm that, to the best of my knowledge, the information I have provided is complete and accurate. I understand my responsibilities as noted in this form. No changes will be made without prior approval of the Institutional Biosafety Committee.</p>	
<p>Signature of Principal Investigator</p>	<p>Date</p>
<p>Signature of Co-Principal Investigator (if applicable)</p>	<p>Date</p>

Name of preparer (if prepared by someone other than the PI)	Position
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*Once you have completed, printed, and signed this form, scan it and create an Adobe PDF file. Alternatively, convert the completed form directly to an Adobe PDF file and electronically sign the form using the E-signature feature of Adobe Acrobat. Send the completed form by e-mail as an attachment to [biosafety@drexel.edu](mailto:biosafety@drexel.edu).*