

CLINICAL RESEARCH PROJECTS FORM

This form is applicable only to Clinical Research Projects using Human Subjects.

Please carefully review the questions below. If you answer Yes to at least one of these questions, you need to fill out the complete biohazard protocol research biohazard safety survey or a radiation form. You will be contacted and given the form(s) you need to complete.

PRINCIPAL INVESTIGATOR (PI) Name:

PROJECT TITLE:

DATE OF SUBMISSION:

Does your project involve work on or with any of the following (circle Yes or No for each question):

1. Bacterial or viral cultures _____ Yes / No
2. Pathogens, toxins, select agents _____ Yes / No
3. Animals _____ Yes / No
4. Human or animal tissue or cell samples
(cultures, blood, bodily fluids, cell lines other than routine diagnostic testing in a clinical
laboratory) _____ Yes / No
5. Recombinant DNA (plasmids, DNA cloning procedures, PCR) _____ Yes / No
6. Toxic or flammable or corrosive or carcinogenic chemicals _____ Yes / No
7. Ionizing radiation _____ Yes / No
8. Ultraviolet light, laser, radio- and microwaves for research
(not in a clinical setting) purposes _____ Yes / No

Signature of Principal Investigator

Date