

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER  
Institutional Biosafety Committee

ADVERSE BIOSAFETY EVENT REPORT FORM

All adverse events, significant problems, violations of the NIH Guidelines, or any significant research-related accidents and illnesses must be reported to the IBC.

Principal Investigator(s) (PI) name: \_\_\_\_\_

College/department: \_\_\_\_\_ Campus address: \_\_\_\_\_

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

IBC approval number: \_\_\_\_\_ Project location: \_\_\_\_\_

Project title: \_\_\_\_\_

Type of project:

- Human Gene Transfer
- Recombinant DNA
- Microorganism/Virus
- Biological Toxin

Biosafety level of research required:      BSL1      BSL2      BSL3      BSL4

Experiment class of project (check one):

- III-A Requires IBC approval, RAC review and NIH Director approval before Initiation
- III-B Requires NIH/ORDA and IBC approval before initiation
- III-C Requires IBC and IRB approvals and NIH/ORDA registration before initiation
- III-D Requires IBC approval before initiation
- III-E Requires IBC notice simultaneous with initiation
- III-F Exempt      N/A

Date of Incident: \_\_\_\_\_

Infectious agent(s)/toxin/gene transfer product in use: \_\_\_\_\_

Name(s) of personnel involved: \_\_\_\_\_

Describe the adverse event, significant problem, violation of the NIH Guidelines, or significant research-related accident/illness:

Describe medical attention provided to exposed/injured individuals: \_\_\_\_\_

Did the incident involve a spill or accident which resulted in overt exposure to organisms containing recombinant DNA molecules?  
Yes      No      **If yes, immediately contact Dr. Cheri Marcham at 271-3000.**

Has NIH been notified?      Yes      No      NA

**CERTIFICATION AND SIGNATURE**

As Principal Investigator, I certify that the above information accurately describes the incident. I agree to cooperate with any investigations of this incident and provide information to the IBC, CDC, NIH, and other federal, state or local agencies having jurisdiction.

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

Date: \_\_\_\_\_

Bring or FAX this form within 24 hours of knowledge of the incident to the OUHSC Environmental Health and Safety Office, Rogers Building Room 301(Oklahoma City campus), FAX 405/271-1606.