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| FOR IBC/IACUC OFFICE USE ONLY | |
| **IBC APPROVAL DATE:** |  |
| **IACUC APPROVAL DATE:** |  |
| **OARS APPROVAL DATE:** |  |

***Northeastern University***

Institutional Animal Care and Use Committee (NU-IACUC)

**Telephone:** 617-373-3958 **Email:** [iacuc-office@northeastern.edu](mailto:iacuc-office@northeastern.edu)

**Website:** <https://research.northeastern.edu/animalcare/>

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Institutional Biosafety Committee (NU-IBC)

**Telephone:** 617-373-2769 **Email:** [biosafety@northeastern.edu](mailto:biosafety@northeastern.edu)

**Website:** [BiologicalSafety | OARS](https://oars.northeastern.edu/home/biological-safety/#_ga=2.216557782.130131524.1667587033-793192555.1667231464)

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Office of Academic and Research Safety

**Telephone:** 617-373-2769 **Email:** [oars@northeastern.edu](mailto:oars@northeastern.edu)

**Website:** [OARS | Office of Academic and Research Safety](https://oars.northeastern.edu/)

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**Northeastern University Animal Hazardous Materials Addendum for the use of Biological and Chemical Agents in Laboratory Animals**

*Only the Principal Investigator listed on the animal protocol and IBC registration is permitted to make changes. Please note that certain changes to protocols/IBC registration may affect other aspects of the project, and that this will be evaluated during review and reflected in this addendum. This addendum requires review and approval from both the Institutional Animal Care and Use Committee (IACUC) and the Institutional Biosafety Committee (IBC). Both committees reserve the right to determine whether proposed changes are substantive or not, and to request further information or a new protocol application, as appropriate. When submitting an addendum, the Principal Investigator is required to review all of the details of the original protocol and regsitration to assure the committees that all details remain identical to the original protocol. Studies involving hazardous chemicals will be reviewed and approved by a representative from the Office of Academic and Research Safety (OARS).*

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| **I. GENERAL INFORMATION** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PRINCIPAL INVESTIGATOR:** | | | |  | | | DEGREE(S): | |  |
| ACADEMIC POSITION/TITLE: | | | |  | | | | | |
| DEPT/DIV: |  | | | | | | | | |
| E-MAIL ADDRESS: |  | | | | | | | | |
| DIRECT PHONE #: |  | | | | | CELL PHONE # | |  | |
|  | | | | | | | | | |
| **LABORATORY MANAGER or PRIMARY CONTACT:** | | |  | | | | DEGREE(S): | |  |
| E-MAIL ADDRESS: |  | | | | | | | | |
| DIRECT PHONE #: |  | | | | | CELL PHONE # | |  | |
| PROTOCOL # and TITLE: | |  | | | | | | | |
| IACUC AMEMDMENT # (IF APPLICABLE): | | | | |  | | | | | |

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| **PROPOSED HAZARDOUS WORK** |

**For applicable checkboxes, double-click on the box and then select “checked” to mark,** and then complete the relevant sections of the amendment form to describe changes or additions to your original protocol.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Infectious Agent (i.e. bacteria, virus, etc.) | | | | Recombinant DNA, RNA, Viral Vector, CRISPR |
| Human Tumor, Cells, or Biologics Use | | | | Patient Derived Xenograft |
| Mouse/Rat Tumor, Cell, or Biologics Use | | | | Biological Toxin |
| Chemical Hazards (List): | | |  | |
| Transgenic Animals\*: | |  | | |
| Other: |  | | | |

\* [Policy on Genetically Engineered Animals & The Institutional Biosafety Committee (IBC)](https://research.northeastern.edu/app/uploads/sites/5/2022/05/IACUC-and-IBC-POLICY-on-Trangenic-KO-Mice-Final-2022.docx)

|  |
| --- |
| **II. Hazard information** |

Complete Applicable table if biohazardous agents or chemical hazards will be administered to animals. The PI or staff/student working with these animals must meet with the DLAM Director prior to ordering animals for these studies to establish specific responsibilities and safety requirements for these studies. Please provide a response for all applicable items.

1. **Biohazardous Agents:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Species & Strain of Animal,**  *i.e. Nude Mouse* | **Biological material to be administered** | | **Biosafety Level During Administration** | | **Housing Biosafety Level After Administration** | **Will the animals, their secretions or excretions be infectious or hazardous?**  *(If so, describe below)* |
|  |  | | BSL-1  BSL-2 | | ABSL-1  ABSL-2 | No  Yes |
|  |  | | BSL-1  BSL-2 | | ABSL-1  ABSL-2 | No  Yes |
|  |  | | BSL-1  BSL-2 | | ABSL-1  ABSL-2 | No  Yes |
|  |  | | BSL-1  BSL-2 | | ABSL-1  ABSL-2 | No  Yes |
| Duration Animal/Excretions/Secretions are Hazardous after treatment | | | |  | | |
| Other Pertinent Information about hazardous materials: | |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Biohazardous Agent** | **Dosage** | **Concentration** | **Route of Administration** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Chemical Hazards:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Species & Strain of Animal,**  *i.e. Nude Mouse* | **Chemical to be administered** | | | **Controls during administration (i.e. in chemical fume hood)** | **Will the animals, their secretions or excretions be hazardous?**  *(If so, describe below)* |
|  |  | | |  | No  Yes |
|  |  | | |  | No  Yes |
|  |  | | |  | No  Yes |
|  |  | | |  | No  Yes |
| Duration Animal/Excretions/Secretions are Hazardous after treatment | | |  | | |
| Other Pertinent Information about hazardous materials: | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Chemical Agent** | **Dosage** | **Concentration** | **Route of Administration** |
|  |  |  |  |
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| **III. CONTROLS AND DECONTAMINATION** |

1. **The risk of exposure will be mitigated by the following:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Biohazardous Agent** | | | **Biohazardous Agent** | | |
|  | | |  | | |
| **Personal Protective Equipment (PPE)** | | | **Personal Protective Equipment (PPE)** | | |
| Gloves –  Nitrile  Other: | | | Gloves –  Nitrile  Other: | | |
| Gloves –  Single set  Double set | | | Gloves –  Single set  Double set | | |
| Disposable Animal Lab Gown | | | Disposable Animal Lab Gown | | |
| Tyvec Lab coat | | | Tyvec Lab coat | | |
| Disposable Booties–  Single set  Double set | | | Disposable Booties–  Single set  Double set | | |
| Tyvek Suit | | | Tyvek Suit | | |
| Surgical Mask | | | Surgical Mask | | |
| N-95 Respirator\* | | | N-95 Respirator\* | | |
| Eye Protection – specify type: | |  | Eye Protection – specify type: | |  |
| Other – specify: |  | | Other – specify: |  | |

\* Participation in the Respiratory Protection Program is required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Chemical Hazard** | | | **Chemical Hazard** | | |
|  | | |  | | |
| **Personal Protective Equipment (PPE)** | | | **Personal Protective Equipment (PPE)** | | |
| Gloves –  Nitrile  Other: | | | Gloves –  Nitrile  Other: | | |
| Gloves –  Single set  Double set | | | Gloves –  Single set  Double set | | |
| Disposable Animal Lab Gown | | | Disposable Animal Lab Gown | | |
| Tyvec Lab coat | | | Tyvec Lab coat | | |
| Disposable Booties–  Single set  Double set | | | Disposable Booties–  Single set  Double set | | |
| Tyvek Suit | | | Tyvek Suit | | |
| Surgical Mask | | | Surgical Mask | | |
| N-95 Respirator\* | | | N-95 Respirator\* | | |
| Eye Protection – specify type: | |  | Eye Protection – specify type: | |  |
| Other – specify: |  | | Other – specify: |  | |

1. **Specify the safety engineered equipment to be used and what will be performed in them. (This equipment must be included on the Biological Safety Registration Form)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Unit | | | Action | | | | |
| Biological Safety Cabinet | | | Animal Injection/Treatment | | | Cage Change | |
| Animal Transfer Station | | | Animal Injection/Treatment | | | Cage Change | |
| Chemical Fume Hood | | | Animal Injection/Treatment | | | Cage Change | |
| Other (Describe): |  | | | | | | |
| Animal Housing Room (Building-Room #): | | | |  | | | |
| Describe how and where syringes prepared for injections: | | | | |  | | |
|  | | | | | | | |
| Are safety sharps used?  No  Yes (if yes, describe type, brand name) | | | | | | |  |
| Other Pertinent Information: | |  | | | | | |
|  | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **For control of contamination, the following equipment and procedures must be followed:** | | | | | | | | | | | | | |
| A Hazardous Material Card will be posted on each cage to identify the hazard used while there is a risk. | | | | | | | | | | | | | |
| A Biohazard/Chemical Hazard Sign must be posted on animal room door that identifies the Hazard, PI Name, and Contact information which includes a cell phone number of Primary Contact | | | | | | | | | | | | | |
| For the duration of the study, cages will be housed in room: | | | | | | |  | | | | | | |
| Animal Restraint Method: | | Rodent Restrainer | | | | Anesthesia**\*** | | | Hand Restrained: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| All injections/treatments will be done over an absorbent chuck that is disposed of in a burn box | | | | | | | | | | | | | |
| Cage Type: | Innovive (Disposable) | | | | Standard Ventilated | | Other: | | | | | | |
| PI Staff is responsible for providing animal husbandry following hazard administration for | | | | | | | | | | | |  | Days |
| All cages are to be decontaminated with/by | | | | Clidox Solution (1:18:1)  Other: | | | | | | prior to disposal and presentation to the DLAM staff | | | |
| All work surfaces will be decontaminated with/by | | | | Chlorox Hydrogen Peroxide Cleaner/Disinfectant  Clidox Solution (1:18:1)  Other: | | | | | | | after completion of treatments | | |
| Disinfectant approved for use in biological registration (BioRaft): | | | | | | | |  | | | | | |
| All disposable cages, wastes, etc. must be bagged and placed in a burn box for incineration.   * Spray the bedding in the cages wet with Clidox after removing animals. * Items are to be bagged inside the hood. * Bags must be labeled with hazard and PI Name. * Burn box may be kept in animal room and removed by DLAM staff when full. | | | | | | | | | | | | | |
| All cages, wastes, etc. must be presented to DLAM to be autoclaved.   * Cages will be placed in clear autoclavable bags and labeled with PI name. * After cages and supplies have been bagged, they will be left in the room for DLAM to process. | | | | | | | | | | | | | |
| Carcasses/waste are to be placed in a biohazard bag, sealed, labeled with the hazard, amount, date and investigator’s name and phone number before it is placed in the facility freezer for incineration. | | | | | | | | | | | | | |
| Other Handling Requirements: | | | | |  | | | | | | | | |
| Will the animals be removed from the animal care facility?  No  Yes | | | | | | | | | | | | | |
| If yes, justify and describe how will they be transported: | | |  | | | | | | | | | | |
| Additional Waste Handling Instructions: | | | | |  | | | | | | | | |

**\* Anesthesia required for injection of SC tumors.**

Rev 03/2023