RUTGERS
Rutgers Environmental Health and Safety

Biosafety Assessment – Genome Editing Request Form

Purpose: To assess the potential biohazard(s) and/or need for Institutional Biosafety Committee review associated with vectors being created and/or human/mouse materials modified by the Genome Editing Core Facility.

NOTE: ***This assessment is NOT required for work involving standard services such as mouse embryonic stem cell manipulation, in-vitro fertilization, embryo/sperm cryopreservation, mouse rederivation, genotyping/breeding.***

Institutional Biosafety Committee (IBC) approval must be obtained *by the Requestor* for the following work prior to submitting this Form:

- Modification of primary or established human/non-human primate/mouse cell lines
- Creation of vectors (e.g., including non-viral plasmids) for use in-vitro and/or involving administration to animals.

Instructions for PI/Requestor:

- Complete Sections 1 and 2 and forward to REHS via email: biosafety@rutgers.edu (allow 5 working days for review). **REHS** will review, sign and return approved Form to PI/Requestor and Genome Editing Core Facility.
- Form must be renewed upon the expiration of the related biosafety protocol, as applicable. Renew this Form through biosafety@rutgers.edu when renewing your IBC protocol. Contact biosafety@rutgers.edu for guidance, as needed.

  NOTE: Any change in the material (e.g., new vector, gene targets/sequences) may require submitting a **new** Request Form. Please check with biosafety@rutgers.edu.

1. Principal Investigator (PI) Information: (To be completed by PI)

PI Name:

PI Phone: **PI Email**:

Requestor Name (if different):

Requestor Phone: **Requestor Email**:

PI Signature: **Date of Request:**

2. Materials being requested (Information to be completed by PI/Requestor):

What is being modified: ☐ Human cell line ☐ Mouse Cell Line ☐ Mouse (whole organism) ☐ N/A

Identify cell line(s) being modified, if applicable:

Identify modification being made (KO, Knock-in, deletion, conditional):

If Knock-in, what is being inserted (Point mutation, Fluorescent reporter, epitope tag):

Identify the sequence being knocked-in (e.g., GFP, HA tag, amino acid substitution, etc.):

Identify gene target(s):

List sequences of gene target (CRISPR Spacer sequence + PAM):

1.

2.

3.

4.

Plasmid Vector being created?	☐ **Yes**	☐ **No**
Viral Vector being created:	☐ **Yes**	☐ **No**
Identify vector, if applicable:		
Describe intended use of the material once released to Requestor – e.g., include if vector is being transfected into cell lines, whether material will be administered to research animals, etc.:		
Additional comments/information:		
IBC Approval Number (if applicable):		

4. **REHS Use Only: Approved Form will be forwarded to respective Core Facility Manager and PI/Requestor**

Approval #:	**Exp. Date:**	**REHS Official Signature (Date):**