INCIDENT REPORT THOOBA

Does this nicident involve research subject to the NH Guidelines? Yes No If 'NO', this incident does not have to be reported to CBA.
Institution name:
Date of report:
Reporter name and position:
Reporter Telephone #:
Reporter email:
Reporter mailing address:
Date of Incident:
Principal Investigator:
Is this an NIH funded project? Ye No
If 'YES' please provide:
NIH Grant Contract #:
NIH Funding Institute or Center:
NIH Program Office Contact Information (name, email, etc.):
What was the nature of the incident? Personnel exposure Spill Loss of confament Loss of transgenic animal Failure to obtain IBC approval Failure to follow approved containment conditions Other; please describe:
A protocol involving the use of ecombinant Influenza A strain and E. coli DH5 alpha, was granted approval was not reviewed and approved the DU IBC full committee as required by the NIH Guidelines. This

institutional error is in violation of the NIH Guidelines which requires ahadnvened committee review and

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approval be conducted for rDNA and synthetic nucleic acid molecules.

Institutional Biosafety Committee (IBC)
When dd the Institutional Biosafety Committee (IBC) approve this research
If yes, please provide:
Approval date:
Approved biosafety level(s) for the research:
Additional approval requirements:
What section(s) of the NIH Guidelines is the research subject to?
Has a report of this incident been made to other federal or local agencies? If so please indicate by checking appropriate box.
 □ CDC □ USDA □ FDA □ EPA □ OSHA □ State/Local Public Health □ Federal/State/Local Law Enforcement □ Research Funding Agency/Sponsor:
Description of recombinant or synthetic agent or material involved (please indicate strain, attenuation etc. as relevant.)
Description of Incident:
Has the IBC reviewed the incident? Yes \(\subseteq \text{No} \) If yes, please provide a copy the minutes of the IBC meeting in which the incident was reviewed.
Has a root cause this incident been identified Yes No