



Advanced Light Microscopy Core

120 Bond Life Sciences Center
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Telephone: (573) 882-4895
<https://research.missouri.edu/Advanced-Light-Microscopy>

MU Biosafety Questionnaire (Plant and Seed Samples)

Research core facilities are multi-user laboratories that offer services to investigators both on and off campus. It is the policy of the MU Institutional Biosafety Committee (IBC) that all research conducted on the MU campus or other MU facilities or sponsored by the University involving transgenic plants and seeds must receive approval from the IBC prior to the start of any work. Therefore, please fill out this questionnaire and include as many details as possible. The principal investigator should sign and submit the completed form to the ALMC **before** the planned experiment. Once the form is approved by ALMC staff, the experiment will be scheduled.

Project Title: _____

Principal Investigator: _____ **Phone #:** _____ **E-mail:** _____

Project start and end dates: Start: ___/___/___ (mm/dd/year) End: : ___/___/___ (mm/dd/year)

List the species of the sample:

Arabidopsis Maize Soybean Tobacco Bacteria Other _____

Will you be working with transgenic plants or seeds?

Yes No

Are there any special safety concerns or risks of which the ALMC staff should be aware?

Yes No

If yes, please describe here: _____

Does this project have a current Institutional Biosafety Committee (IBC) approval?

Yes. Attach a copy of IBC approval Letter or IBC protocol number. IBC protocol # _____

No. If no, work with the transgenic plants or seeds cannot be conducted until the IBC has approved the study. Questions? Contact the Environmental Health & Safety Office at (573) 882-7018

Exempt. (Plant material is considered exempt and non-regulated under USDA and MU's IBC policies)

Entering your name indicates you have read the above questions carefully and certify the information provided to be correct

Name **Title** **Date (mm/dd/year)**

FOR ALMC USE ONLY

COMMENTS

BIOSAFETY LEVEL: _____

APPROVED: Yes ___ No ___ **DATE:** _____

APPROVED BY: _____