



**NEW MEXICO STATE UNIVERSITY**  
**Molecular Biology and Interdisciplinary Life**  
**Sciences**  
**Core Laboratory**  
**Application Form**

FOR OFFICE USE ONLY
Application No. Previous.
Receipt Date:
Status:
Approval Date:

**SECTION I: ADMINISTRATIVE INFORMATION**

**PRINCIPAL INVESTIGATOR INFORMATION**

Name:
Academic Title/Department
Email Address:
Phone
Brief Description of Facility Use

**SECTION II: INSTITUTIONAL & REGULATORY APPROVALS/ REGISTRATIONS**

OTHER INSTITUTIONAL REVIEWS/APPROVALS/PERMITS		
<b>A. USE OF VERTEBRATE ANIMALS</b> Does this biosafety activity involve the use of animals?	Yes No Registration with the NMSU IAUCS is required for all work with live animals	If yes, please provide IACUC approval date: _____, and expected project completion date or IACUC approval expiration date (whichever is later): _____. To obtain IACUC approval see: <a href="http://www.research.nmsu.edu/compliance/IACUC/iacuc.html">http://www.research.nmsu.edu/compliance/IACUC/iacuc.html</a>
<b>B. USE OF HUMAN SUBJECTS</b> Does this biosafety activity involve the use of human subjects?	Yes No Permission to use human subjects in research must be granted by the NMSU IRB	If yes, please provide the IRB approval date: _____ and the approval expiration date: _____. For IRB policy and forms see: <a href="http://www.research.nmsu.edu/compliance/IRB/IRB.html">http://www.research.nmsu.edu/compliance/IRB/IRB.html</a>
<b>C. USE OF HUMAN CELLS</b>	YES NO	MEMO FOR HUMAN CELLS REQUIRED.
<b>C. IBC Permission</b> 1. Recombinant DNA? 2. Infectious Agents?	Yes No Does this research include recombinant DNA or infectious agents?	Please provide IBC approval date and expiration date.
<b>D. FEDERAL PERMITS</b> Does this research require any Federal permits that are not included in A, B, or C above?	Yes No Permits from Federal agencies (e.g., APHIS, CDC) are required for handling of toxins, pests, certain biological organisms, or to import exotic agents and organisms.	If yes, list issuing agency; _____, permit number: _____ and expiration date: _____.  (Add additional lines or list on a separate page if needed for more than one permit.)
<b>E. Hazardous Chemicals</b>	Yes No Does the research require the use of hazardous chemicals?	If yes, please list what chemicals and what safety precautions are needed.

**SECTION III: PERSONNEL. List all personnel that will use the Core facility and the date of their training.**

NAME	FUNDAMENTALS OF BIOSAFETY	HAZ COM (online training)	FUNDAMENTALS OF LAB SAFETY	Laser Safety	BBP
	Recommended for BSL-1 Required for BSL-2	Required for all personnel	Required for all personnel	Required for Bio-AFM Use	Required for use of human and non-human primate cells/blood

**SECTION IV: DESCRIPTION OF ACTIVITY**

**A. RESEARCH SUMMARY**

*Please attach a brief description of the experimental design of the research, with specific mention of the materials. **Provide details of proposed work and assess the hazards and risks.***

**SECTION V: SAFETY PLANS AND RESPONSIBLE USE**

**The PI and associated personnel planning to use the MOLB-ILS Core facility has reviewed the MOLB-ILS SOP and agree to follow this**

Yes     No

**The PI and associated personnel planning to use the MOLB-ILS Core facility has taken the required safety courses.**

Yes     No

**The PI and associated personnel planning to use the MOLB-ILS Core facility has reviewed operating procedures and emergency plans and will abide by these.**

Yes     No

**The PI and associated personnel will properly dispose of all waste including sharps, hazardous waste, etc.**

Yes     No