**RESEARCH PLAN (**□**New** □**Modification)**

Date ( / / ) (Year/Month/Day)

Head of Management Committee for IDRU,

|  |
| --- |
| Principal investigator |
| Affiliation and status |
| Emergency contact (mobile) |
| Email address |

|  |  |  |
| --- | --- | --- |
| User(If the user is student or technician) | Name |  |
| Department |  |
| Status | □ Undergrad student □ Graduate student □ Visiting researcher □ Employee □ Other |
| Phone No. |  |
| Project title |  |
| Term | Date of permission ～ 31th March ( 20 ） |
| Planned procedures |  |
| □　In this experiment, genetic recombination experiments are planned within the unit.□　In this experiment, animal experiments are planned within the unit. |
| **Microorganism to be handled** |
| Species /Genus | BSL | Source | Disinfection methods |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Specimens** |
| * If you plan any animal experiments, clarify the number of animals and cages.
* All clinical samples (organs, blood, feces) and specimens from environment must be considered to be infectious and specific biosafety precautions should be mentioned here.
 |
| Specimen | Source | Purpose of use and required precautions |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Laboratory rooms** ( List all rooms you intend to use ) |
| Room No. | Purpose of use | Handling of microorganism |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Equipment** (Check the boxes of all equipment you intend to use.) |
| □Safety cabinet | □Autoclave | □Dry heat sterilizer | □Ultracentrifuge |
| □Cooled centrifuge | □Water bath | □Centrifuge for microtube |
| □Shaking incubator | □Refrigerator | □Freezer(-20℃) | □Freezer(-80℃) |
| □Liquid nitrogen | □PCR/Realtime PCR | □Phoresis chamber | □Draft chamber |
| □Glassware | □Dissecting tools | □Injection needle | □ddPCR |
| □Others that require special precaution in use[ ] |
| **Biosafety understanding**(Check the boxes　for “yes”.) |
| □ Do you understand the risks on microbial laboratory practice?□ Do you understand risks on the handling of clinical samples and infectious specimens?□ Do you know the appropriate practices to protect yourself against those risks?□ Do you know the appropriate practices to protect surrounding people against those risks?□ Do you know what to do when an accident happens on the unit?□ Do you understand that whole unit is a facility for common use? □　Do you understand that you need to carry pathogens in double closed container when you bring pathogens from outside to inside the unit? |
| **Biosafety orientation** |
| Every year you need to take both of the training and the orientation shown below.Educational training for good microbial practices in University of Miyazaki□ I attended. (Latest attendance ( ) (year) )□ I will attend. Biosafety orientation for IDRU users□ I attended. (Latest attendance ( ) (year) )□ I will attend. |
| **Possession of BSL-2 facility in your laboratory** |
| Does your laboratory possess BSL-2 facility approved by the University of Miyazaki?□ Yes, it does.□ No, It doesn’t. |

20240301 amended