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

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

Head of Management Committee for IDRU,

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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.  　　　　※Please indicate which Lab animal room you will use and the type of use.  Room: □Lab animal roomⅠ 　□Lab animal room II  　　　　　　　　　　　□Lab animal room Ⅰ+ II　 □Lab animal room III  　　　　　　 □ABSL3  Type of use: □Shot-term (less than 3 months)  　□Long-term (more than 3 months) | | | | | | |
| **Microorganism to be handled** | | | | | | | | |
| Species /Genus | | | | BSL | Source | | Disinfection methods | |
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| **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 | | | |
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| **Laboratory rooms** ( List all rooms you intend to use ) | | | | | | | | |
| Room No. | Purpose of use | | | | | | | Handling of microorganism |
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| **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 | | □MALDI-TOFMS |
| □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. | | | | | | | | |

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