|  |  |
| --- | --- |
| Picture 1, Picture  | DREXEL UNIVERSITY’S INSTITUTIONAL BIOSAFETY COMMITTEE **BIOSAFETY PROTOCOL APPLICATION** ***General Biohazard Form*** *(Form A)* **ADDITIONAL PERSONNEL ADDENDUM** |

***Instructions***

* *This form is to be completed during initial application submission if there is not enough room to add all personnel in Form A Section 4.*
* *Complete the table below with the additional personnel and submit with your completed Form A.*
* *If you are adding personnel after your protocol has been approved. Please use Form E: Protocol Amendment Form.*

|  |
| --- |
| **SAFETY TRAINING – ADDITIONAL PERSONNEL ADDENDUM**  |
| In the following table, provide the names of Drexel University personnel involved in this study (including the Principal Investigator). All personnel must have completed BioRAFT-based laboratory safety training within the last 12 months. Please note that:* Because the PI is responsible for all biosafety aspects of the project, the PI must complete all relevant laboratory training.
* When entering information in the “tasks to be performed” column, be specific as to the major tasks to be performed. For example, a project involving the collection of patient blood samples for cytokine analysis might include “blood collection,” “sample processing,” and “ELISAs” as tasks.
* The training completion date should be entered in the mm-dd-yy format.
* If the “Shipping Biological Materials” and/or “Recombinant DNA Materials” courses were completed through BioRAFT within the last 12 months, check the appropriate box(es) for each person listed in the table.

To complete laboratory safety training, go to <https://drexel.bioraft.com/> and log in using your DrexelOne user ID and password.  |
| *Name of investigator, student, or coordinator*  | *Title* | *Tasks to be performed* | *Date of BioRAFT training* | *rDNA module Completed* | *Biohazard Material Shipping module Completed* |
|       |       |       |        | [ ]  | [ ]  |
|        |       |       |       | [ ]  | [ ]  |
|       |       |       |        | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |
|       |       |       |       | [ ]  | [ ]  |