**undergraduate infectious agent project profile**

**This form is intended to capture risk assessment-relevant information about undergraduate temporary trainees (excluding minors) handling infectious agents/materials. In the event of a project requiring multiple agents that are closely related, and for which the planned activities are integral, one form may be prepared provided that details are sufficient to address risk assessment questions.**

Please complete this form and submit it to the OCRS Biosafety Team e-mail (biosafety@vumc.org). Please add lines to tables or expand text fields as necessary to provide all applicable information for the amendment.

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| Principal Investigator Name: | VBMR#: |
| Form prepared by: | Date of preparation: |
| Email address: | Phone: |
| Name of Temporary Trainee: | Temporary Trainee Education Level: |
| Temporary Trainee email address: | Temporary Trainee Major Department:  |
| Project start date (month/year): | Expected duration of project (in months): |

1. **Please describe the infectious material(s) the trainee will be handling as part of this project. Please include complete nomenclature to identify infectious agents.**

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1. **Has the agent been/will the agent be genetically modified in a way that foreign DNA or RNA will be introduced and expressed?**

[ ]  Yes

[ ]  No

1. **If you responded YES to #2, please describe the hosts, vectors, and inserts involved in this modification.**

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1. **Please provide a rationale explaining the need for the temporary trainee to work directly with infectious material. This should include a justification explaining why working with a simulant combined with observation of a skilled worker handling the infectious material will not achieve the same educational experience or goal.**

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1. **What members of your lab staff will be assigned to mentor and train the trainee? Briefly describe their technical and biosafety qualifications/proficiency for this work in particular.**

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1. **As outlined in the Temporary Trainee Researchers and Infectious Agents Activities policy, the following expectations apply for initiating this training experience:**
* Details of the training experience are shared with Occupational Health to determine the need for vaccines or medical surveillance. (NOTE: The completed project profile form will be shared with Occupational Health. The assigned mentor should ensure that the trainee has obtained any prophylactic medical services, such as vaccinations, prior to starting work.)
* The student completes all required biosafety training as outlined in the OCRS [Lab Safety Training Guide](https://www.vumc.org/safety/training/what-you-do/lab-safety-training-guide); additionally, the student completes a [lab-specific biosafety orientation](https://www.vumc.org/safety/sites/vumc.org.safety/files/public_files/training/biosafety-training-checklist-temp-lab-workers.pdf) with their mentor or Lab Manager.
* The student demonstrates proficiency performing all required techniques with a non-hazardous simulant before beginning work with the infectious agent. This activity must be documented by the mentor.

**Please outline the specific training and proficiency plan to be used with this trainee for the planned research activities and any progress made to date.**

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1. **Where will work with the agent take place (room/building)?**

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1. **Will your planned activities require any of the following? (Check all that apply.)**

[ ]  Use of sharps (NOTE: The use of slip-tip devices or blades without handles is prohibited unless scientifically justified and safe handling practices explained)

[ ]  Use of glass vessels or devices

[ ]  Stock culturing of agent

[ ]  Centrifugation of agent

[ ]  Use of agent in an animal model

[ ]  Manipulation of agent OUTSIDE of a biosafety cabinet (NOTE: Please provide a justification for this in #9 and details regarding how others working in the area will be protected from exposure while this work is carried out.)

1. **The categories in #8 indicate equipment or activities with an elevated exposure risk due to the potential for injury or aerosol generation. If you checked any of the categories in #8, please provide details regarding the safety devices and practices that will be employed to reduce injury/exposure risk.**

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**Please submit your completed form, along with planned technical procedures involving use of the agent, to the OCRS Biosafety Team (biosafety@vumc.org). Please contact anyone on the Biosafety Team at 322-2057 for assistance with form completion or risk assessment questions.**