

IBC Form 3 (use additional sheets as needed)

ADVERSE BIOSAFETY EVENT REPORT FORM

Use this form to report to the IBC any serious adverse event (i.e., life-threatening event), any non-compliance with NIH Guidelines, or any illness or significant accident leading to illness that is environmentally dangerous to humans and/or animals. See the *Investigators' Manual for the Use of Biohazardous Materials in Research* for details.

A. IDENTIFICATION

- 1) Faculty member name: _____ Tel: _____
- 2) Department: _____
- 3) IBC Number: _____
- 4) Laboratory location: _____ Email: _____
- 5) Project Title: _____

- 6) Type of use: Infectious agent Recombinant DNA
- 7) Required Biosafety Level: BSL-1 BSL-2 BSL-3

B. Description of Incident (Use reverse side if additional space is needed.)

- 1) Infectious agent (s), toxin, recombinant DNA involved:

- 2) Names(s) of personnel involved:

- 3) Describe the adverse event, non-compliance with NIH Guidelines or significant research-related accident/illness:

- 4) Described medical attention provided to exposed/injured individuals (attach HR-24 Reporting Form):

- 5) If recombinant DNA is involved and subject to NIH approval, has the Research Compliance Officer been notified? Yes No

Fax this form within 24 hours of the incident to Environmental Health and Safety 718 270-2894 and to Dr. William J. Chirico, IBC Chairman, at 718 270-1308. **If the incident involves a BSL-3 level of risk, immediately notify Public Safety at 718 270-2626, and EH&S at 718 270-2395 or 1216.**

SUNY-Downstate Medical Center-Institutional Biosafety Committee
450 Clarkson Ave., Brooklyn, NY 11203

IBC Number _____

C. Certification and Signature

I certify that the above information accurately describes the incident. I certify that appropriate action was taken in accordance with the emergency action plan. I agree to cooperate with any investigations of this incident and provide information to the IBC, CDC, NIH, and other federal, state or local agencies having jurisdiction.

Signature

Date

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