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. Haseeb Siddiqi, IBC Chairman, at 718 270-2656. If the incident involves a BSL-3 level of risk, immediately notify Public Safety at 718 270-2626, and Mr. Danny Bejasa of 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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