

**Institutional Biosafety Committee (IBC)**

**Application for Laboratory Approval**

Note 1 The IBC concerns itself only with biohazardous materials, *i.e* biological material which could be hazardous –a list is provided at point 3 on the accompanying information sheet: *IBC – Why it Exists and How it Operates*. Other sorts of hazardous materials fall under other jurisdictions, such as the Radiation Protection Officer, Health and Safety Officer, Fire Marshall and others.

Note 2 This process is applicable to all research and teaching projects carried out in the laboratory, unless a funder requires specific project clearance, in which case applicants should complete

 Form IBC1, which may be downloaded from:

 <http://www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/institutional-biosafety-committee-ibc/>

Note 3 The fee for consideration of external applications is R 10,260 (R 9,000 + R 1,260 VAT), whatever the result of the application. Evidence that this fee has been paid is required prior to consideration of an application. Bank details are:

A/c No. 62077141580 (Sundry Debtors)

First National Bank

Braamfontein

Branch code 251905

Swift Code FIRNZAJJ

An invoice is available on request from Beverley.Manus@wits.ac.za; Christopher.Mahlangu@wits.ac.za

**THIS PAGE TO BE COMPLETED BY INTERNAL APPLICANTS ONLY (an “internal applicant” is a person holding a Wits staff appointment, or joint appointment)**

**1A Applicants from within the University of the Witwatersrand, Johannesburg**

|  |  |
| --- | --- |
| Laboratory details | Please submit floor plan if available |
| School/Department |  |
| Building name |  |
| Floor(2nd, 3rd, etc) |  |
| Room number |  |

**1B Does this laboratory carry any sort of Government accreditation? If so, please attach evidence**

**1C Particulars of the Head of this laboratory**

|  |  |
| --- | --- |
| Title and full name |  |
| Staff number |  |
| Office number and location |  |
| Office telephone number |  |
| E mail address |  |

**D Particulars of principal investigators, other than the Head, expected to be using this laboratory**

|  |  |
| --- | --- |
| Title and full name |  |
| Staff number |  |
| Office number and location |  |
| Office telephone number |  |
| E mail address |  |

**Please repeat this data for each principal investigator**

**THIS PAGE TO BE COMPLETED BY EXTERNAL APPLICANTS ONLY – SEE NOTE 3 ABOVE**

**2A Applicants External to the University**

|  |  |
| --- | --- |
| **Laboratory details** | Please submit floor plan if available |
| Name of company/institution |  |
| Name of laboratory |  |
| Department/division (if applicable) |  |
| Address of laboratory: |  |
| Building name |  |
| Room number/ floor |  |
| Street address 1 |  |
| Street address 2 |  |
| City or town |  |
| Province |  |
| Postal address |  |
|  |  |
| **2B Particulars of Head of Laboratory** |  |
|  |  |
| Title and full name |  |
| Qualifications |  |
| E-mail address |  |
| Phone number (landline) |  |
| Mobile phone number |  |

|  |  |
| --- | --- |
| **2C Principal investigator’s details (if not the Head)** |  |
| Title and full name |  |
| Qualifications |  |
| E-mail address  |  |
| Phone number (landline) |  |
| Mobile phone number |  |

**Please repeat this data for each principal investigator**

**THIS PAGE TO BE COMPLETED BY ALL APPLICANTS**

**3.** Describe in generic terms the sort of biohazardous materials which will be handled in this laboratory, e.g. blood-derived samples, material containing viruses, or bacteria. Please list all pathogens to be handled in the laboratory

**4**. Into which BSL category does the laboratory fall? For definitions of the four categories, see: <http://www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/institutional-biosafety-committee-ibc/>

**5**. Please furnish a copy of the Standard Operating Procedures (SOP) which govern activities in the laboratory, if there is any valid reason for them to deviate from those provided at: <http://www.wits.ac.za/research/about-our-research/ethics-and-research-integrity/institutional-biosafety-committee-ibc/>, last line

 Alternatively, please provide written confirmation that the SOP are indeed compliant with these

 standards

**6.** Any other information you wish to bring to the attention of the IBC

**12.** **DECLARATION**

All of the information furnished above is true and accurate, to the best of my knowledge and belief. I have read the appropriate laboratory safety manual.

Name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOD Signature1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Completed application to be returned to the Research Office, 29 Princess of Wales Terrace, 3rd Floor Phillip Tobias Building, Faculty of Health Sciences, contact person/s Ms Zanele Ndlovu, Tel. No. 011 717 2700 email:** Zanele.Ndlovu@wits.ac.za; or office email HREC-Medical.ResearchOffice@wits.ac.za