Institutional Biosafety Committee Project Determination Form

This form should be utilized by faculty, staff, or students who have self-identified as working with blood or other potentially infectious material (OPIM) including human or animal body parts or other bodily fluids that may not be subject to the traditional IBC review process. By submitting this form you will be notifying the IBC of your activity. Determination letter will be emailed from the IBC acknowledging the activity and providing next steps if required.

If asked by the IBC Chair, EH&S or other administrative staff to complete this form for IBC determination, those individuals can be copied on our response to ensure your activities may proceed as planned. Please list those names where prompted below.

Please provide a short summary of your activity including:

- What animal, human, parts, and/or fluids are involved
- How they will be used
- Whether this is research/teaching/art/other
- Who may come in contact with them
- Frequency of contact
- Where the activity will be done

Enter a date: ____________________________

Contact Information

Name: ____________________________________________________________

Phone Number: ____________________________________________________

Email: ____________________________________________________________

If this is an art project, please explain: ________________________________________

How will it be displayed: ____________________________________________
How will it be made/handled?

I am a:

☐ Staff Member
☐ Faculty Member
☐ Student (paid)
☐ Student (unpaid)

An email response will be sent to you. To include any MSU offices or staff members on this email, enter their information below.

Name: ________________________________________________

Email: _______________________________________________

Name: _______________________________________________

Email: _______________________________________________

If this project is associated with a course, please enter:

Course Name: _________________________________________

Instructor Name: _______________________________________

Instructor Email: _______________________________________

College offering this course: (Ex: CART, CSAM, etc) __________________________________________