

(PI Must Complete)
EOHSS Reg. No.: _____
Biosafety Level: _____



REGISTRATION FORM FOR PATHOGEN, SELECT AGENTS and HUMAN CELLS/TISSUES

PERSONNEL UPDATE FORM

Principal/Responsible Investigator (print): _____ Department: _____

Alternate Contact Person (print): _____ Phone (PI): _____ Phone (Alt. Contact): _____

Email (PI): _____ Email (Alt. Contact): _____

Laboratory Location(s): _____

Project Title: _____ Date: _____

**Please send completed form by interoffice mail to
Tracy Pfromm, MPH, Biosafety Officer, EOHSS, Liberty Plaza, Suite 2250, New Brunswick Campus**

Project Personnel: Use the following table to **ADD/DELETE** personnel from your previously approved Registration Form. Please print (attach sheet if necessary).

Name	Title	Lab Person's Initials*

* indicates person who initialed this form has been informed of potential hazards and safe work practices

AFFIRMATION

I accept responsibility for the safe conduct of work with this material. I accept responsibility for ensuring that all personnel associated with this work have received the appropriate training on the hazards and the level of containment required to perform this research safely. I will report to EOHSS any accident or incident that results in a potentially toxic exposure to personnel or any incident releasing recombinant DNA or other potentially hazardous materials into the environment.

Principal/Responsible Investigator: _____

Signature: _____ Date: _____

**For further information, contact Tracy Pfromm, MPH, Biosafety Officer, EOHSS,
Phone: (732) 235-8376, Fax: (732) 235-5270, e-mail pfrommtr@umdnj.edu**