

MUA Registration number (assigned by IBC): []



MOMORANDUM OF UNDERSTANDING AND AGREEMENT (MUA)
CONCERNING RECOMBINANT DNA RESEARCH

(Check one box and IBC number) This is a new MUA []. This is a revision MUA []; IBC Registration No.:

Principle Investigator (PI) information (fill-in boxes):

- Full name:** []
- Department** []
- Office location:** []
- Campus address:** []
- Campus phone number:** []
- Email address:** []
- Home address:** []
- Home phone number:** []

IBC Actions (Reviews, certifications, etc.) and dates:

Certification statement:

- I. The information below is accurate and complete. I am familiar with and agree to abide by the relevant provisions of the current NIH GUIDELINES FOR RESEARCH INVOLVING RECOMBINANT DNA MOLECULES (NIH GUIDELINES) [http://oba.od.nih.gov/rdna/nih_guidelines_oba.html], as of 10/07/09] and other specific instructions from NIH and the IBC pertaining to this project. I agree to comply with the NIH requirements pertaining to shipment and transfer of recombinant DNA material.
- II. I certify that the Institutional Biosafety Committee of the University of Detroit Mercy has reviewed this MUA and the project and has found the described research and procedures compliant with the current NIH Guidelines and that the IBC.
- III. I certify that I will be responsible to train researcher with the containment procedures described by the NIH Guidelines. I will monitor the activities of researchers to ensure that their activities are compliant with NIH Guidelines.

Signature: _____

Date: _____

- IV. Locations: Give the names of the buildings and room numbers of all facilities that will be used in the described activities.

Building(s)

Room number(s)

- V: Personnel: Give the full name, title, contact information of all personnel engaged in the described experimentation.

Full name

Title

Contact information

VI. Description of the experiments:

A. Give a brief (~one page) description of the project and the experiments in non-technical language. This is to help the IBC members and other non-specialist understand the nature of the project and its significance.

B. For each recombinant DNA experiment (1, 2, 3, . . .), describe:

(a) the source(s) of the DNA (b) the nature of the inserted sequences (c) the host(s) and vector(s) to be used. Provide sufficient details to allow the IBC to review the experiment without reference to other documents. It is acceptable to attach diagrams.

VII. Containment levels:

For each experiment (1, 2, 3, . . .) described above:

- (a) indicate the physical containment level as described in Appendix G of the NIH Guidelines (http://oba.od.nih.gov/oba/rac/guidelines_02/APPENDIX_G.htm) [BL1 (Biosafety Level 1), BL 2, etc.)],**
- (b) indicate the biological containment level as describe in Appendix I of the NIH Guidelines (http://oba.od.nih.gov/oba/rac/guidelines_02/APPENDIX_I.htm),**
- (c) cite the relevant sections of the NIH Guideline,**
- (d) briefly describe the facilities and procedures which will be used to attain these containment levels.**

Give sufficient information to justify the choices of procedures and containment levels.

VIII. Facilities:

Describe the facilities to be used and explain how they meet the NIH Guidelines.

VIII. Personnel Training:

Describe the PI will train the personnel to make them familiar with the NIG Guidelines and the procedures to be followed in case of accident.