**Principal Investigator Review Form**

# Contact Information

**Principal Investigator (Last, First, MI):**

Department:

Mailing Address:

Phone:

Fax:

E-mail:

**Person completing this form if different from the Principal Investigator**

Name:

E-mail:

Phone:

Fax:

# Project Information

Please identify any life sciences research you conduct at the University of Iowa that directly involves all forms of one or more of the agents listed below (please use a separate form for each identified project). If none of the agents are identified, your research is *not* subject to institutional DURC oversight. However, PIs should be aware that, if at any time, research is initiated that involves any of the below listed agents, s/he will need to immediately notify the Institutional Review Entity (IRE), per the University’s Policy.

**Project Title:**

**Identify the Agent or Toxin Involved in the Project:**

|  |  |
| --- | --- |
| Avian influenza virus (highly pathogenic) | Marburg virus |
| *Bacillus anthracis* | Reconstructed 1918 Influenza virus |
| Botulinum neurotoxin | Rinderpest virus |
| *Burkholderia mallei* | Toxin-producing strains of *Clostridium botulinum* |
| *Burkholderia pseudomallei* | Variola major virus |
| Ebola virus | Variola minor virus |
| Foot-and-mouth disease virus | *Yersinia pestis* |
| *Francisella tularensis* |  |

**Indicate if the agent used is exempt from the Select Agent Registry:**

**Identify the Funding Source(s) for this project:**

If the project is supported with Federal funds, include the name of the funding agency and grant or contract number.

**Include the abstract(s) for the grant(s) associated with the use of this agent:**

You may copy and paste the abstract here or attach it to this form.

# Training of Laboratory Personnel

The *Policy for Institutional DURC Oversight* requires that all laboratory personnel (i.e., those under the supervision of laboratory leadership, including graduate students, postdoctoral fellows, research technicians, laboratory staff, and visiting scientists) conducting research with nonattenuated forms of 1 or more of the 15 listed agents above have received education and training on DURC. Please indicate below the names of all laboratory personnel involved in this project and include the titles and dates of any DURC training. (Add additional rows, as necessary)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title / Role | Title of DURC Training | Completion Date (s) |
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# Assessment by the PI for Experimental Effects

PIs are required to assess whether any research directly involving nonattenuated forms of 1 or more of the 15 listed agents produces, aims to produce, or is reasonably anticipated to produce 1 or more of the experimental effects listed below.

Note: the research and this assessment must be submitted to the IRE for review regardless of whether any of the following experimental effects apply.

**“Y” = Yes; “N” = No. For any marked yes, please explain.**

Y  N  Enhances the harmful consequences of the agent or toxin.

Y  N  Disrupts immunity or the effectiveness of an immunization against the agent or

toxin without clinical or agricultural justification.

Y  N  Confers to the agent or toxin resistance to clinically or agriculturally useful

prophylactic or therapeutic interventions against that agent or toxin or facilitates its ability to evade detection methodologies.

Y  N  Alters properties of the agent or toxin in a manner that would enhance its stability,

transmissibility, or ability to be disseminated.

Y  N  Alters the host range or tropism of the agent or toxin.

Y  N  Enhances the susceptibility of a host population to the agent or toxin.

Y  N  Generates or reconstitutes an eradicated or extinct agent or toxin listed in Section

2 of this form.

As a reminder, if there is a change in this research with respect to the applicability of any of the seven experimental effects, or if the PI, for any reason, thinks the research needs to be reconsidered by the IRE for DURC potential, the PI should submit this form again to the IRE with his/her revised assessment.

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**Send completed form to: Haley Sinn, 100 EHS**

***Do not write below this line. For IRE Use only***

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The IRE has reviewed this document and found it to be in compliance with the US Government Policy for Dual Use Research of Concern.

Date of IRE Review/Final Approval

IRE Chair Date