

**BSL-3 FACILITY**

RAJIV GANDHI CENTRE FOR BIOTECHNOLOGY
CAMPUS-2-AKKULAM, THIRUVANANTHAPURAM

RESEARCH EXPERIENCE FORM**FOR RESEARCHERS/INDIVIDUALS WORKING IN BSL-3 FACILITY**

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| SOP No: BSL3/RGCB/SOP/002 | | Document Name: Research Experience Form for Facility Users | |
| Version: 1.0 | | | |
| Effective Date: 23-08-2023 | Next Review Date: December 2025 | Revision No & Date: 01 & 18/10/2023 | |
| Amendment made: Nil | | | |
| Prepared by | | | |
| Name | Dr Sara Jones Palakkat | | |
| Designation | Facility Manager, BSL3 | | |
| Signature | | | |
| Date | 25-03-2024 | | |
| Checked & Approved by | | | |
| Name | Dr Rajesh Chandramohanadas | | |
| Designation | Scientist E-II & BSL3 Facility In-Charge | | |
| Signature | | | |
| Date | 26-03-2024 | | |

In our commitment to ensuring the safety, security, and integrity of research conducted within this facility, each individual wishing to work in the BSL3 environment should submit a Research Experience Form. This form is mandatory and should be completed for each individual separately.

The purpose of the Research Experience Form is to:

- Assess the individual's prior experience and training in biosafety and biosecurity protocols.
- Ensure that the individual has a minimum of 1year experience working in a biosafety level 2 laboratory.
- Ensure that individual entering the BSL3 facility have the necessary knowledge and skills to work safely with potentially hazardous biological agents.
- Confirm that the individual understands and complies with the facility's policies, guidelines, and standard operating procedures.
- Verify that the individual is adequately trained to recognize and respond to potential laboratory incidents or emergencies.

Please make sure that any individuals associated with your lab who wish to work in the RGCB BSL3 facility are aware of this requirement. They should complete the Research Experience Form and submit it along with the IBSC form for obtaining clearance.

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|---|--------|------|------------------|-------------------------|
| Date: | | | | |
| Name of User: | | | Email ID: | |
| Designation: | | | Institute ID No: | |
| Name of Principal Investigator (PI): | | | Email ID: | |
| Designation: | | | | |
| Laboratory: | | | | |
| Affiliation: | | | | |
| Proposed Research Plan | | | | |
| A]. What agents are you planning to work with? Please list all strains/variants to be used. | | | | |
| B]. What type of research are you planning for? Check all that apply: | | | | |
| <ul style="list-style-type: none"> • In-vitro BSL-3 cell culture/other lab research • In-vivo ABSL-3 research • Others(Specify): | | | | |
| Educational Qualification (Highest Degree Obtained) | | | | |
| Sl. No. | Degree | Year | Subject | Institution /University |
| | | | | |
| Laboratory Experience | | | | |
| Please list your laboratory experience related to your work with viruses, microorganism, cell culture &/or human pathogens (Add extra pages if necessary) | | | | |
| Start Date – End Date | | | Institution | |
| Description of work done | | | | |
| Start Date – End Date | | | Institution | |
| Description of work done | | | | |

Signature:
Place:
Date:

Endorsed by,
Name of PI:
Signature:
Place:
Date: