

**BSL-3 FACILITY**

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

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

SOP No: BSL3/RGCB/SOP/002		Document Name: <b>Research Experience Form for Facility Users</b>	
Version: 1.0			
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Amendment made: NiL			
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Signature			
Date	25-03-2024		
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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 researchers 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 researcher 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.

Date:				
Name of User:			Email ID:	
Designation:			Institute ID No:	
Name of Principal Investigator (PI):			Email ID:	
Designation:				
Laboratory:				
Affiliation:				
<b>Proposed Research Plan</b>				
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"> <li>• In-vitro BSL-3 cell culture/other lab research</li> <li>• In-vivo ABSL-3 research</li> <li>• Others(Specify):</li> </ul>				
<b>Educational Qualification (Highest Degree Obtained)</b>				
Sl. No.	Degree	Year	Subject	Institution /University
<b>Laboratory Experience</b>				
Please list your laboratory experience related to your work with viruses, microorganism, cell culture &/or human pathogens <b>(Add extra pages if necessary)</b>				
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:**