



rDNA Incident Reporting Form

Return to:

**LSU Office of Environmental Health & Safety
Room 214, Administrative Support Building**

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The *NIH Guidelines for Research Involving Recombinant DNA Molecules (NIH Guidelines)* states that "...any significant problems, violations of the *NIH Guidelines*, or any significant research-related accidents and illnesses" must be reported to NIH OBA within 30 days. Certain types of incidents must be reported on a more expedited basis. Spills or accidents in BL2 laboratories resulting in an overt exposure must be immediately reported to NIH OBA. Spills or accidents occurring in high containment (BL3 or BL4) laboratories resulting in an overt or potential exposure must be immediately reported to NIH OBA.

This form is intended to facilitate the reporting of incidents that occur during the conduct of research subject to the *NIH Guidelines*.

Does this incident involve research subject to the NIH Guidelines?	Yes	No
	If no, this incident does not have to be reported to OBA	
Department Name		
Date of Report		
Name & Position of Person Reporting		
Telephone Number		
E-mail Address		
Date of Incident		
Name of Principal Investigator		
Is this an NIH funded project?	Yes	No
If yes, please provide:	NIH grant or contract number:	

	NIH funding institute or center:
	NIH program officer contact information (name, e-mail, etc.):

What was the nature of the incident? Please check all applicable.	Personnel exposure
	Spill
	Loss of containment
	Loss of transgenic animal
	Failure to obtain IBC approval
	Failure to follow approved containment conditions
	Other - please describe
Did the Inter-Institutional Biological and Recombinant DNA Safety Committee (IBRDSC) approve this research?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please provide approval date:
If yes, please provide:	Approved biosafety level for the research:
	Additional approval requirements:
What section(s) of the NIH Guidelines is the research subject to?	
Has a report of this incident been made to other federal or local agencies? If so, please indicate by checking the appropriate agency.	<input type="checkbox"/> CDC
	<input type="checkbox"/> USDA
	<input type="checkbox"/> FDA
	<input type="checkbox"/> EPA
	<input type="checkbox"/> OSHA
	<input type="checkbox"/> Research Funding Agency/Sponsor
	<input type="checkbox"/> (name) _____
	<input type="checkbox"/> State/Local Public Health
	<input type="checkbox"/> Federal/State/Local Law Enforcement
<input type="checkbox"/> Other, Please describe	

Please provide a narrative of the incident including a timeline of events. The incident should be described in sufficient detail to allow for an understanding of the nature and consequences of the incident. Include the following information as applicable.

A description of:

- The recombinant agent or material involved.
- The incident/violation location (e.g. laboratory biosafety level, vivarium, non-laboratory space).
- Who was involved in the incident/violation, including others present at the incident location? Note – please do not identify individuals by name. Provide only position titles (e.g., graduate student, post doc, animal care worker, facility maintenance worker, etc.).
- Actions taken immediately following the incident/violation, and by whom, to limit any health or environmental consequences of the event.
- The training received by the individual(s) involved and the date(s) the training was conducted.
- The institutional or laboratory standard operating procedures (SOPs) for the research and whether there was any deviation from these SOPs at the time of the incident/violation.
- Any deviation from the IBC approved containment level or other IBC approval conditions at the time of the incident/violation.
- The personal protective equipment in use at the time of the incident/violation.
- The occupational health requirements for laboratory personnel involved in the research.
- Any medical advice/treatment/surveillance provided or recommended after the incident.
- Any injury or illness associated with the incident.
- Medical surveillance results (if not available at the time of initial report please indicate when results will be available).
- Equipment failures.

DESCRIPTION OF INCIDENT (use additional space as needed):

DESCRIPTION OF INCIDENT (continued):

Has a root cause for this incident been identified?	Yes	No
	If yes, please describe:	
Describe measures taken by the Principal Investigator to mitigate any problems identified. For measures identified but not yet taken, please include a timeline for their implementation. Use additional space as needed.		