**MEMORANDUM OF UNDERSTANDING & AGREEMENT (MUA) For**

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| **ORA USE ONLY**  **Protocol Number: Date Filed:**  **Date Reviewed by IBC: Date Approved:** |

**BSL2 Synthetic or Recombinant DNA  Bloodborne Pathogens  Other TYPE HERE**

All MUA’S can be submitted electronically to [researchadministration@missouristate.edu](mailto:researchadministration@missouristate.edu) or submitted as a hard copy to the ORA in Carrington 405. A signed copy must be provided. NIH and *Biosafety in Microbiological & Biomedical Laboratories (BMBL)* should be used as a reference when completing this MUA (see <http://www.cdc.gov/biosafety/publications/bmbl5/> and <https://osp.od.nih.gov/biotechnology/nih-guidelines/> ).

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| 1. *General Information* |

**Date:** Date

**PI Name:** Name

**Phone:** Phone Number

**Department:** Department

**Office Bldg & Room #(s):** Building & Number

**Laboratory Bldg & Room #(s):** Building & Number

**Grant Agency & # (if applicable):** Agency & #

**PROJECT TITLE:** Title of Research or Teaching Project

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| 1. *Project Information* |
| 1. **Provide a clear, concise (one paragraph), yet nontechnical overview of your experiment. Your description should provide enough information to characterize your experiment without providing any key components (names of medications, names of macrophages, etc.) *This paragraph will be made publicly available.*** |

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| 1. **Describe the experiments involving biohazard(s). Your description is to be sufficiently complete so as to provide committee members an understanding of what you intend to do and how you will do it so non-scientific people can understand.** |

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| 1. **Provide an assessment of the physical containment required for the experiments.** |

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| 1. **Describe the facilities and specific procedures which will be used to provide the required levels of containment.** |

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| 1. **Describe the procedures and precautions to be followed if biohazardous organisms or agents are to be transported between laboratories.** |

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| 1. **Describe the waste disposal procedures expected to be used during this experiment.** |

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| 1. **Is this a select agent?** [**https://www.selectagents.gov/sat/list.htm**](https://www.selectagents.gov/sat/list.htm)  **If yes, contact the Office of Research Administration (ORA).** |

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| 1. **Does your experiment fall under Section III-A through Section III-E of the NIH Guidelines?**   [**https://osp.od.nih.gov/wp-content/uploads/NIH\_Guidelines.htm**](https://osp.od.nih.gov/wp-content/uploads/NIH_Guidelines.htm)  **If Yes, state which section. If No, explain how your experiment qualifies for exemption. *This information may be publicly available.*** |

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| 1. **Please list all students, staff, and faculty who will work on this project. CITI Biosafety training is mandatory and possibly Bloodborne Pathogen training prior to final IBC approval.** | | | | |
| **Name** | **Title/Position** | **Degree** | **Training/Experience** | **CITI**  **complete** |
| Name | Title | Degree | Training/Experience |  |
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| 1. **Please list all MTAs you expect to use.** | |
| **Material name/number** | **Company** |
| Name/number | Company |
| Name/number | Company |
| Name/number | Company |
| Name/number | Company |
| Name/number | Company |
| Name/number | Company |

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| 1. **The undersigned agree to certify the following conditions of the proposed research:** |

1. The information above is accurate and complete. We agree to accept responsibility for training of all laboratory workers involved in the project. We agree to comply with the CDC requirements pertaining to shipment and of hazardous biological materials. We are familiar with and agree to abide the provisions of the Missouri State University policies and procedures applicable to experiments involving biohazards.
2. We understand that only the organisms specified are covered by this MUA, and work with other organisms or types of biohazards may require other MUAs.

Click or tap here to enter text.Date.Click or tap here to enter text.Date

**Principal Investigator Date Academic Unit Leader Date**

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| 1. **The Institutional Biosafety Committee has determined, based on information provided the principal investigator, that:** |

1. No special medical surveillance (other than usual University health programs) is required for the project described in this MUA
2. The following specific medical surveillance procedures must be carried out, for individuals listed by name, before commencing the project described in this MUA: