Human Pathogen Registration Update (HPRU)

ORIGINAL HPR NUMBER _____

This HPRU form is used to update an existing Human Pathogen Registration (HPR) by describing any changes to the project as indicated in Part B.

BACKGROUND INFORMATION

The University of Texas at Arlington (UTA) Environmental Health & Safety (EH&S) Office maintains a registry of all laboratories and personnel working with pathogens, toxins, and/or human (or other primate) blood, body fluids, and tissues/cells. UTA complies with the Centers for Disease Control and Prevention (CDC) recommendations in *Biosafety in Microbiological and Biomedical Laboratories* (BMBL), 5th Edition. For purposes of registration, a pathogen is defined as any organism known to or suspected of causing infection in humans, and a toxin is a proteinaceous poison which is highly toxic to humans. (Note: The CDC considers all human/primate blood, body fluids, and tissue/cells to be potentially infectious; therefore work with these materials is covered by the requirements of HPR.)

RESPONSIBILITIES AND INSTRUCTIONS

After initial registration, the Principal Investigator (PI) is responsible for notifying EH&S Office of significant changes (***before*** they are implemented), or when the project has terminated via submission of this **H**uman **P**athogen **R**egistration **U**pdate (HPRU) form. The PI is also responsible for ensuring appropriate or required training of laboratory personnel, informing lab personnel about the potential hazards and proper safety techniques to be used in the laboratory, establishing procedures for response and handling of lab emergencies, ensuring appropriate laboratory signage, and following UTA established procedures for response and reporting of accidents and/or injuries.

NOTE: Depending on what your project involves there may be additional approval requirements necessary before the research may commence. These requirements are based on various federal and state regulations, funding agency requirements, and UTA policies. For more information and instructions, please see the this link: **http://www.uta.edu/ra/oric/help.htm**. Please check if any of the following apply to your research.

- ☐ Human Subjects
- ☐ Animal Subjects
- ☐ Recombinant or Synthetic Nucleic Acid Molecules
- ☐ Radioactive Material
- ☐ Laser Devices
- ☐ X-Rays/Radiation Producing Machines
- ☐ Select Agents/Toxins
- ☐ Hazardous Chemicals

Please indicate the nature of your changes by providing the information requested below. For assistance with this HPRU form, please contact the EH&S Office at 817-272-2185 or ehsafety@uta.edu. Completed HPRUs may be forwarded to the EH&S Office at Box 19257, faxed to 817-272-2144, or emailed to ehsafety@uta.edu.

PART A: General Information

PI: _____ **Department:** _____ **Phone:** _____ **E-mail:** _____

Building(s): _____ **Room Number(s):** _____ **Lab Phone:** _____

Original HPR # _____

PART B: Nature of Registration Update (Check all that apply and complete the sections indicated)

- ☐ Personnel (Including Principal Investigator) - **Complete Part C**
- ☐ Location of Work - **Complete Part D**
- ☐ Infectious Biological Agents (Bacterial/Fungal/Parasitic/Rickettsial/Viral Agents, Prions) and/or Toxins - **Complete Part E**
- ☐ Human/Primate Blood, Body Fluid or Tissue/Cells (including new material(s) ***or*** new method of collection) - **Complete Part F**
- ☐ Termination of Project - **Complete Part G**

You may be entitled to know what information UTA collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System Administration UTS139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

PART C: Laboratory Personnel

Each individual listed as laboratory personnel should personally initial this document to indicate that they have been informed of the potential hazards associated with this work, the appropriate safety practices to be used, the availability of occupational medical programs, and applicable training requirements

Last Name	First Name	Addition or Deletion	Status (faculty,staff, student)	E-mail	Phone	*Initials

*** Individuals will personally initial when informed of potential hazards, safe work practices, availability of medical surveillance, and applicable training requirements.**

PART D: Location of Work

Please describe the change or addition of location(s) pertaining to you registered material. Indicate the building name and room number of each location:

Containment equipment available in location(s):

☐ Biological Safety Cabinet (Class: _____) ☐ Fume Hood ☐ Containment Centrifuge

☐ Other; Describe:

Describe any additional changes as a result of the location change that may affect the safety of your lab or personnel (method of storage, transport, emergency procedures, etc.):

PART E: Use of Infectious Biological Agents (Bacterial/Fungal/Parasitic/Rickettsial/Viral Agents, Prions) and/or Toxins

(If you are adding more than one infectious biological agent/toxin, please attach additional copies of this page/section to address each agent individually.)

Organism(s)/Toxins(s): _____

Strain: _____ **Source/Vendor:** _____

Please provide a brief overview of your project and use of the pathogenic agent:

Maximum Quantity To Be Used: _____ **Biosafety Level (Consult BMBL):** _____

Describe Storage *and* Disposal of Organism(s)/Toxin(s):

If organism(s)/toxin(s) will be transported between 2 locations, describe transport procedures:

Describe possible routes of exposure and personal protective equipment (PPE) to be used by lab personnel:

Containment equipment available in lab:

☐ Biological Safety Cabinet (Class: _____) ☐ Fume Hood ☐ Containment Centrifuge

☐ Other; Describe:

Will the laboratory ship any hazardous/infectious materials? ☐ Yes ☐ No

Please describe emergency procedures in the event of a spill *or* personnel exposure:

Please describe the training that you, as the PI, will ensure that all laboratory personnel complete before initiating work in the lab:

PART F: Handling Collection of Human (or other primate) Blood, Body Fluids, or Tissue/Cells

Types of human sample(s) collected/manipulated:

☐ Blood ☐ Urine ☐ Spinal Fluid ☐ Tissue/Cells ☐ Saliva ☐ Serum ☐ Feces ☐ Breast Milk

☐ Semen ☐ Other(s): _____

Source/Vendor *or* Method of Collection: _____

Please provide a brief overview of your project and use/collection of human sample(s):

Describe Storage *and* Disposal of Material(s):

If material(s) will be transported between 2 locations, describe transport procedures:

Describe possible routes of exposure and personal protective equipment (PPE) to be used by lab personnel:

Containment equipment available in lab:

☐ Biological Safety Cabinet (Class:) ☐ Fume Hood ☐ Containment Centrifuge

☐ Other; Describe:

Will the laboratory ship any hazardous/infectious materials? ☐ Yes ☐ No

Please describe emergency procedures in the event of a spill or personnel exposure:

Please describe the training that you, as the PI, will ensure that all laboratory personnel complete before initiating work in the lab:

Part G: Termination of Project

Please indicate the date of project termination: _____

Describe the disposal, relocation, or possession of the registered material(s):

Part H: Principal Investigator Certification

I accept the responsibility for the safe use of all potentially infectious materials in my laboratory. All laboratory personnel have been informed of the potential risks of exposure while working with these materials. I will ensure proper laboratory practices and completion of training requirements for lab personnel. I will report any accident, injuries, or exposures immediately to the EH&S Office. I will also notify the EH&S Office of any further changes to this project, including change of location or personnel.

Principal Investigator (Signature): _____ **Date:** _____

PART I: Office Use Only - To be completed by Environmental Health & Safety

Laboratory facilities are in accordance with UTA Policy and CDC recommendations. All laboratory personnel have completed applicable training requirements.

EH&S Safety Specialist (Signature): _____ **HPRU Activation Date:** _____

Upon notification of project termination - HPR Inactivation Date: _____