

# ST. JOHN'S NATIONAL ACADEMY OF HEALTH SCIENCES

## ST. JOHN'S RESEARCH INSTITUTE

(A Unit of CBCI Society for Medical Education)

## INSTITUTIONAL BIOSAFETY COMMITTEE

Sarjapur Road,  
Bangalore – 560 034, India  
Tel: +91-80-4946 7001  
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### INSTITUTIONAL BIOSAFETY POLICY

#### Introduction to IBSC:

St. John's National Academy of Health Sciences has duly constituted an Institutional Biosafety Committee (JOHNRES-882) in alignment with the guidelines prescribed by the Department of Biotechnology (DBT), Government of India. The committee is entrusted with the responsibility of facilitating the implementation of biosafety protocols to ensure the safe handling and use of Genetically Modified Organisms (GMOs) and their derivatives, thereby safeguarding both personnel and the environment.

Please find below the list of reconstituted IBSC Members w.e.f 1<sup>st</sup> September 2025 –(OM dated BT/IBKP/151/2020-Dated: 02-Sep-2025)

#### SI. IBSC Committee Members No.

1. Dr. Tony DS Raj -Chairman
2. Dr. Shivaraj BM - DBT Nominee
3. Dr. Madhumathy G Nair -Member Secretary
4. Dr. Parvinder Kaur -Outside Expert
5. Dr. Anil Vasudevan -Biosafety Officer
6. Dr. Mary Dias -Internal Member
7. Dr. Jyothi Prabhu -Internal Member
8. Dr. Neha Vyas -Internal Member

#### Purpose of IBSC-SJNAHS:

The Institutional Biosafety Committee (IBSC), SJRI, shall be responsible for implementing and overseeing compliance with all applicable rules, regulations, and guidelines pertaining to biosafety. The Committee shall monitor biosafety aspects of research, large-scale experiments, production activities, field releases, exchange (including inter-state and inter-institutional transfer within India), as well as import and export activities undertaken at SJRI and at institutions engaged in collaborative research with SJRI.

These activities include, but are not limited to, the manipulation of genetic material, microorganisms, plants, and animals; and the handling, utilization, storage, and transport of hazardous microorganisms, genetically modified organisms/living modified organisms (GMOs/LMOs), cells, and their products.

The IBSC shall ensure that all such activities are conducted in accordance with the provisions of the Rules, 1989 (Manufacture, Use, Import, Export and Storage of Hazardous Microorganisms/Genetically Engineered Organisms or Cells- [Download here](#)) and the guidelines issued by the Department of Biotechnology (DBT) from time to time. IBSC will report and communicate with RCGM with respect to functioning of IBSC at SJRI.

#### Scope of IBSC-SJNAHS:

All researchers and Principal Investigators (PIs), including faculty, scientists, and students at SJNAHS (and institutions collaborating with SJNAHS), who are engaged in or propose to undertake research activities-such as PhD work, dissertation projects, externally funded projects, and in-house core projects, as well as large-scale experiments,

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production, or field release activities, shall mandatorily inform and obtain prior approval/clearance from the IBSC, SJRI.

This requirement applies to all activities involving the manipulation, handling, utilization, storage, transport, and shipment [including exchange (inter-state and inter-institutional supply/receipt within India), as well as import and export] of regulated biological materials.

IBSC may associate/ invite qualified experts/ consultants from within or outside organisation as and when required to seek advice on specific scientific/ technical matters.

### IBSC-SJNAHS - Regulatory Framework:

The regulation of GMOs and their products in India is governed by the “Rules for the Manufacture, Use, Import, Export, and Storage of Hazardous Microorganisms/Genetically Engineered Organisms or Cells, 1989” (hereinafter referred to as the “Rules, 1989”- [Download here](#)), notified under the Environment (Protection) Act, 1986- [Download here](#) by the Ministry of Environment, Forest and Climate Change (MoEFCC), Government of India.

These rules are complemented by the “Regulations and Guidelines for Recombinant DNA Research and Biocontainment, 2017- [Download here](#)” issued by the Department of Biotechnology (DBT), which aim to ensure personnel and environmental safety in the research, manufacture, and application of GMOs.

Further, the “Handbook for Institutional Biosafety Committees (IBSC), 2020 [Download here](#)” supersedes the earlier “Guidelines and Handbook for IBSCs” issued in 2011 [Download here](#), and shall be followed for the constitution, roles, and functioning of IBSCs.

The IBSC shall maintain strict confidentiality of all proposals and related information submitted for review, reference, or discussion, and shall not disclose any confidential, intellectual property (IP), or commercial business information (CBI) pertaining to the applicant, organization, or institute obtained during the review process or subsequent deliberations.

### Procedure for Submission and Review of IBSC Proposals:

#### 1. IBSC Meetings

The Institutional Biosafety Committee (IBSC), SJRI, shall convene at least two scheduled meetings in a calendar year, typically in mid-June and mid-December. These meetings shall be held mandatorily, irrespective of the number of applications received. Additional meetings may be convened, or appropriate action may be taken, in case of urgent or emergency requirements.

#### 2. Scope of Submission

All research activities involving hazardous microorganisms (Risk Category 1 and above), genetic manipulation, genome editing, cell culture, and/or import, export, or transfer of biological materials or organisms shall require IBSC intimation and/or approval. Where applicable, such proposals may be further reviewed or processed through statutory bodies such as RCGM/IBKP via the IBSC.

Kindly note that, as a proactive compliance measure, the institution has requested RCGM to voluntarily withdraw the BSL-3 certification/status of the facility. In view of the same, no research activity requiring BSL-3 containment shall be initiated or continued in the facility unless certification/approval is restored by the competent authority. The facility may continue to function as a BSL-2 containment laboratory for ongoing research and molecular work.

#### 3. Mode of Submission

All applications for IBSC review and approval shall be submitted electronically through the institutional portal (<https://redcap.sjri.res.in/redcap8/>) using the prescribed e-forms. Applications received through any other mode shall



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not be considered for review. Applications received beyond the notified deadline will be deferred to the next review cycle.

### 4. Registration and Login Credentials

Principal Investigators (PIs) shall obtain login credentials prior to submission of any proposal. For first-time users, a request shall be sent to the IBSC via email ([ibsc@sjri.res.in](mailto:ibsc@sjri.res.in)) for registration. The IBSC Secretariat shall facilitate registration, upon which portal credentials shall be issued. These credentials shall be used for all subsequent submissions by the PI.

### 5. Call for Proposals

The IBSC Secretariat shall circulate a call for proposals approximately 10-15 days prior to the scheduled IBSC meeting, inviting submission of applications for review.

### 6. Submission Process

Applicants shall log into the portal, complete the relevant application form, and submit the duly filled form electronically. A soft copy of the completed application shall also be submitted to [ibsc@sjri.res.in](mailto:ibsc@sjri.res.in). The IBSC may require submission of hard copies and/or a presentation before the Committee as part of the review process, and the PI shall be accordingly notified.

For low-risk activities such as cell line experiments without genetic manipulation or studies involving human/animal blood or derivatives, the PI may initiate the process via email intimation to the IBSC with a brief study outline. Based on the submitted SOPs, the IBSC may grant email approval to commence work, which will be placed for review in the subsequent IBSC meeting; further formal submission will be required only if deemed necessary by the Committee (Refer to Table 1).

### 7. Review and Revision

Following review during the IBSC meeting, the Committee may suggest modifications, if required. The PI shall incorporate all recommended revisions and resubmit the updated application to the IBSC. Approval shall be considered valid only upon satisfactory incorporation of all required modifications.

Where applicable, proposals requiring RCGM/IBKP processing shall be linked with BioRRAP as mandated by DBT/RCGM. The IBSC Secretariat shall facilitate and guide such submissions. Routine IBSC applications at SJRI shall continue through the institutional submission system, and direct PI submission on BioRRAP/IBKP shall be required only when specifically advised by the IBSC.

### 8. Decision and Further Processing

Based on the nature of the proposed work, completeness of the application, and the category of regulated biological material involved, the IBSC may:

Grant approval and permit initiation of the research activity;

Request revision and resubmission of the application; or

Forward the application to RCGM or other relevant statutory authorities for further review and final approval.

### Roles and Responsibilities of the Principal Investigator (PI)

1. The Principal Investigator (PI) shall comply with all applicable biosafety regulations, guidelines, and statutory requirements and shall be accountable to the IBSC for all research activities conducted under their supervision.
2. Based on the risk category of experiments, the PI shall inform the IBSC for Category I studies, obtain prior approval from the IBSC for Category II studies, and obtain approval from the RCGM through the IBSC for Category III and above studies before initiation.

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3. The PI shall ensure proper treatment and disposal of all biological waste and shall confirm that all organisms are adequately inactivated, destroyed, or rendered harmless prior to disposal into the environment.
4. The PI shall submit annual progress reports and a final project completion report to the IBSC as required.
5. The PI shall ensure that all laboratory personnel (technicians, technologists, students, and postdoctoral fellows) are trained and comply with biosafety requirements, including adherence to good laboratory practices, working within the assigned biosafety containment levels, and use of appropriate personal protective equipment; promptly report any health conditions that may be related to or impacted by laboratory work to the PI or Biosafety Officer (BSO); follow all procedures and instructions issued by the PI and BSO; and report any incidents, or non-compliance to the PI and, where necessary, to the BSO or IBSC.
6. The PI shall ensure that all incidents, including non-compliance, significant research-related accidents or illnesses, spills or exposures, are reported to the IBSC Chairperson/Member Secretary within 24 hours, and this will be reported to the RCGM by the IBSC Chairperson within 48 hours.

**Table 1: Risk Classification and IBSC Approval Requirements**

| Risk Category | Approval requirement                                                                                   | GE Microorganisms                                                                                                                                                    | Microorganisms-BSL | GE Animals                                                                                                                                                                                                                                                                                                             | Animals-BSL |
|---------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Category I    | Intimate the IBSC of study objectives and design; IBSC reviews for record/monitoring/action as needed. | Insertions of gene into RG-1 organisms with no adverse health/phenotypic/genotypic consequence; self-cloning; approved host/vector systems with donor DNA from RG-1. | BSL-1              | Breeding, housing and gene-knockout experiments; GE animals transformed with RG-1 viral vector sequences; introduction of nucleic acids that do not produce infectious agents.                                                                                                                                         | ABSL-1      |
| Category II   | Intimate the IBSC of study objectives and design; IBSC reviews for record/monitoring/action as needed. |                                                                                                                                                                      |                    | Research work involving non-infected human or animal blood/blood product or derivatives*.<br>Research work involving investigations carried out on OMICS based approaches on non-infectious FFPE tissues/cell lines where patient's samples/ cell lines are processed for the same without any genetic modifications*. | ABSL-2      |
|               |                                                                                                        |                                                                                                                                                                      |                    | Cell line experiments that do not involve any genetic manipulation*                                                                                                                                                                                                                                                    | ABSL-2      |

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|                        |                                                                                                                 |                                                                                                                                                                                                  |             |                                                                                                                                                                                                 |        |
|------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
|                        | Prior authorization from the IBSC required before commencement of experiments                                   | Work with non-approved host/vector systems or transfer of DNA from RG-2 into non-pathogenic hosts; experiments involving RG-2 microorganisms or pathogenic determinants; SDN2-type genome edits. | BSL-2       | Experiments with animals infected with GE microorganisms from RG-2; studies that may affect survivorship, host range, or vector capacity but do not increase environmental fitness/virulence.   | ABSL-2 |
| Category III and above | Prior authorization from the IBSC and subsequent approval from RCGM required before commencement of experiments | Experiments on RG-2/RG-3 microorganisms involving production of toxins/allergens/antimicrobials or genetic changes that increase environmental fitness or virulence.                             | BSL-3/BSL-4 | Experiments with animals infected with GE RG-3 microorganisms; use of DNA encoding vertebrate toxins; studies where genetic engineering positively affects environmental fitness and virulence. | ABSL-3 |

\* -For studies falling under this category, the Principal Investigator (PI) may initiate the process by submitting an email request to the IBSC briefly outlining the proposed research work. Upon review of the request, the IBSC Secretariat will provide a prescribed format/template in which the PI is required to submit detailed Standard Operating Procedures (SOPs). If the submitted SOPs are determined to fall within the defined category scope or other exempt/low-risk categories as applicable, the PI will be issued an email confirmation by the IBSC permitting initiation of the experiments. Subsequently, during the next scheduled IBSC meeting, the submitted work will be placed before the committee for information and review. If, upon deliberation, the IBSC determines that the study warrants ongoing oversight or monitoring, the PI will be advised to submit a formal IBSC application for continued monitoring and approval. Otherwise, the PI may continue the work as initially permitted under the email confirmation from IBSC. For such research projects, the standard methods of handling samples should be followed to ensure biosafety of the laboratory personnel. All the laboratory personnel involved need to be immunized for Hepatitis B as applicable.

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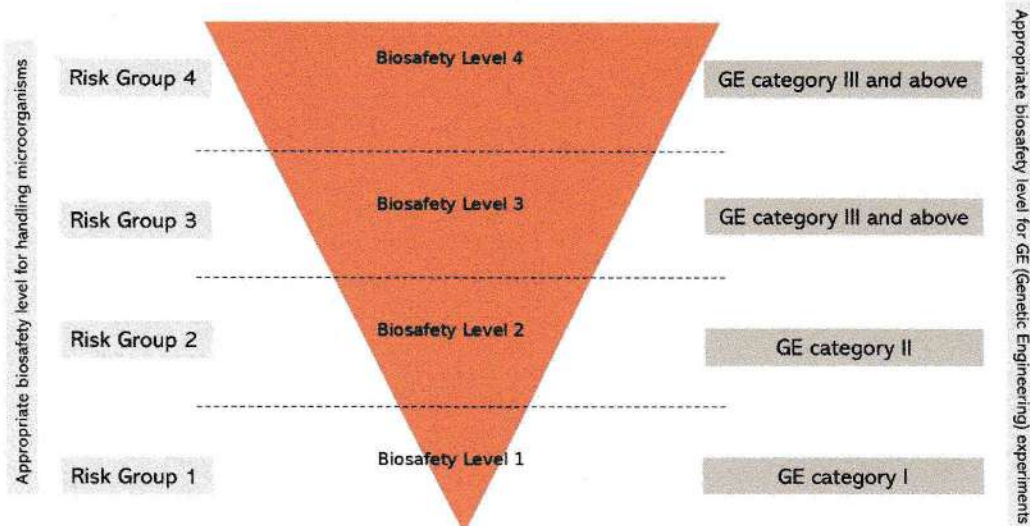
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**Table 2: Risk Group (RG) Classification**

| Risk Group (RG)                                     | Description                                                                                                                                                                                                                         |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RG 1 (no or low individual and community risk)      | Microorganisms that are unlikely to cause human/animal/plant disease                                                                                                                                                                |
| RG 2 (moderate individual risk, low community risk) | Microorganisms that can cause disease in human/animal/plant. Laboratory exposures may cause serious infection, but effective treatment and preventive measures are available and the risk of spread of infection is limited         |
| RG 3 (high individual risk, low community risk)     | Microorganisms that usually cause serious or lethal human/animal/plant disease but do not ordinarily spread from one infected individual to another. Effective treatment and preventive measures are available                      |
| RG 4 (high individual and community risk)           | Microorganisms that usually cause serious human or animal disease and that can be readily transmitted from one individual to another, directly or indirectly. Effective treatment and preventive measures are not usually available |

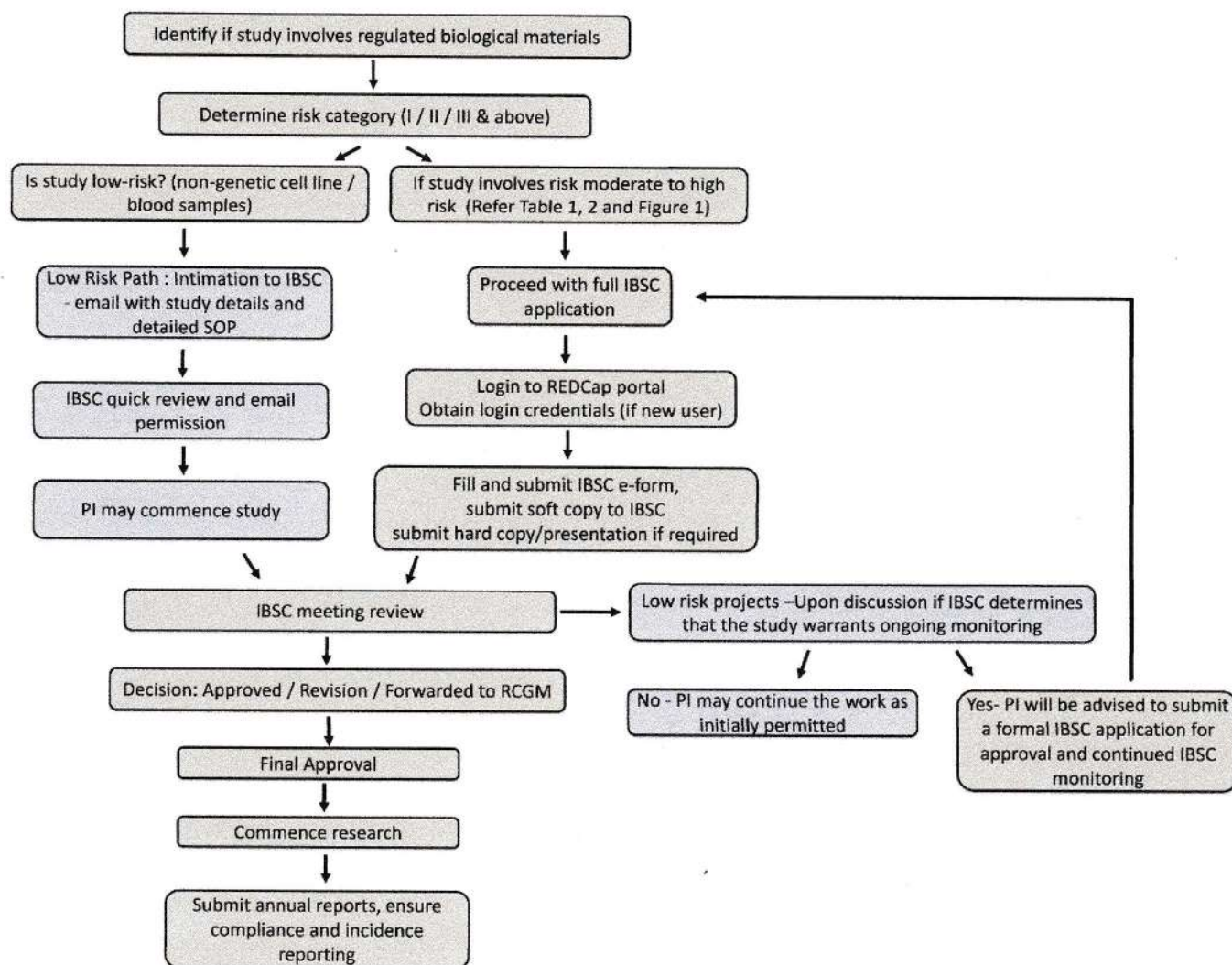
**Figure 1: Risk Group (RG) and Biosafety Classification**



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Figure 2: IBSC workflow at SJRI



### Export, Import, and Transfer of Biological Materials:

All import, export, and transfer of biological materials falling under IBSC purview shall require execution of a duly signed Material Transfer Agreement (MTA) between the sender and the receiver, except in cases of import from commercial entities. IBSC approval must be obtained prior to placing any order or initiating shipment; approvals shall not be granted retrospectively if the material has already reached the port of entry and is held due to lack of clearance. The applicable forms for different use cases are provided in table 3.

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The IBSC may permit the import, export, transfer, or receipt of regulated biological materials in specified quantities for biopharmaceutical research and development and drug development activities, in accordance with the 'Revised Simplified Procedure/Guidelines on Import, Export and Exchange of Regulated Items, 2020' ([Download here](#)). In cases where export of biological materials falls under the Special Chemicals, Organisms, Materials, Equipment and Technologies (SCOMET) category, the applicant shall obtain necessary approvals from the IBSC/RCGM and subsequently apply to the Directorate General of Foreign Trade (DGFT), Ministry of Commerce ([www.dgft.gov.in](http://www.dgft.gov.in)). For import of genetically modified (GM) plants and planting materials, applications shall be routed through the Director, National Bureau of Plant Genetic Resources (NBPGR), Indian Council of Agricultural Research (ICAR), based on the authorization issued by the RCGM Secretariat.

**Table 3: LIST OF FORMS/PERFORMA AVAILABLE ON IBKP**

| Section                                                                                                                                                       | Form No. | Description                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IMPORT, EXPORT, TRANSFER AND RECEIVE OF REGULATED MATERIAL FORM                                                                                               | FORM B1  | Application to RCGM for Import of HMOs, GMOs/LMOs and Product(S) Thereof for Research & Development Purpose                                                                                                          |
|                                                                                                                                                               | FORM B3  | Application to RCGM for Export of HMOs/GMOs/LMOs & Product(S) Thereof for Research & Development Purpose                                                                                                             |
|                                                                                                                                                               | FORM B5  | Application to RCGM for Receiving HMOs, GMOs/LMOs & Product(S) Thereof For Research & Development Purpose within India                                                                                               |
|                                                                                                                                                               | FORM B7  | Application to RCGM for Transfer of Hazardous Microorganisms (HMOs), Genetically Modified Organisms (GMOs)/Living Modified Organisms (LMOs) and Product(S) Thereof for Research and Development Purpose within India |
|                                                                                                                                                               | FORM C   | For non-infectious biological material: Introduced later by DBT/RCGM to simplify import/export of non-infectious samples (human, animal, plant origin, UN3373 Class B)                                               |
| ACTIVITIES INVOLVING RESEARCH, PRODUCTION, PRECLINICAL STUDIES OF GMOS IN HEALTHCARE/ACTIVITIES INVOLVING RESEARCH, PRODUCTION, PRECLINICAL AND OTHER STUDIES | FORM C1  | Information to RCGM to Carry Out Research and Development Involving Hazardous Microorganisms (HMOs), Genetically Modified Organisms (GMOs)/ Living Modified Organisms (LMOs) For Healthcare and Industrial Use       |
|                                                                                                                                                               | FORM C3a | Application to RCGM to Conduct Preclinical and/or Safety Studies of Similar Biologic Developed Using GMOs/ LMOs for Healthcare and Industrial Use                                                                    |
|                                                                                                                                                               | FORM C3b | Application to RCGM to Conduct Preclinical and/or Safety Studies of New DNA Product Developed Using GMOs/                                                                                                            |

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|---------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                               |                         | LMOs                                                                                                                                                                                                                        |
|                                                               | FORM C5a                | Submission of Report of Preclinical or Other Safety Studies of Similar Biologic Developed Using GMOs/ LMOs                                                                                                                  |
|                                                               | FORM C5b                | Submission of Report of Preclinical or Other Safety Studies of New rDNA Product Developed Using Genetically Modified Organisms (GMOs)/ Living Modified                                                                      |
|                                                               | FORM F3                 | Submission of Report on Restricted Release Research Study(ies)/ Trial(S) Of Genetically Engineered (GE) Arthropods for Agricultural, Healthcare and Environmental Use                                                       |
| ACTIVITIES INVOLVING RESEARCH AND SAFETY STUDIES OF GE PLANTS | FORM D1                 | Information to RCGM to Carry Out Research and Development Involving Hazardous Microorganisms (HMOs), Genetically Modified Organisms (GMOs)/ Living Modified Organisms (LMOs) For Agricultural And Environmental Application |
|                                                               | FORM D3 Event Selection | Application to Undertake Confined Field Trial and To Undertake Safety Studies of Genetically Engineered Crops/ Plants for Agricultural and Environmental Use                                                                |
|                                                               | FORM D3 BRL-1           | Application to Undertake Confined Field Trial and To Undertake Safety Studies of Genetically Engineered Crops/ Plants for Agricultural and Environmental Use                                                                |
|                                                               | FORM D3 BRL-2           | Application to Undertake Confined Field Trial and To Undertake Safety Studies of Genetically Engineered Crops/ Plants for Agricultural and Environmental Use                                                                |
|                                                               | FORM D3 Other           | Application to Undertake Confined Field Trial and To Undertake Safety Studies of Genetically Engineered Crops/ Plants for Agricultural and Environmental Use                                                                |
|                                                               | FORM D7                 | Submission of Report of Safety Studies of Genetically Engineered (GE) Crops/Plants for Agricultural and Environmental Use                                                                                                   |
|                                                               | FORM E3                 | Submission of Report of Safety Studies of Hazardous Microorganisms (HMOs), Genetically Modified Organisms (GMOs)/ Living Modified Organisms (LMOs) Other Than GE Crops/ Plants for Agricultural and Environmental Use       |
|                                                               | FORM F3                 | Submission of Report on Restricted Release Research Study(s)/ Trial(s) of Genetically Engineered (GE) Arthropods for Agricultural, Healthcare and Environmental Use                                                         |

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## Institutional Biosafety Committee

### LOW-RISK STUDY SOP SUBMISSION FORM

For non-GMO studies involving human/animal blood, blood products, derivatives, non-infectious FFPE tissues, OMICS-based sample processing, and cell line experiments without genetic manipulation

#### A. Preliminary category:

|                                                                            |                                                                    |
|----------------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Human blood / blood product / derivative          | <input type="checkbox"/> Animal blood / blood product / derivative |
| <input type="checkbox"/> Non-infectious FFPE tissue                        | <input type="checkbox"/> OMICS-based sample processing             |
| <input type="checkbox"/> Cell line experiment without genetic manipulation | <input type="checkbox"/> Other low-risk category: _____            |

#### B. Principal Investigator Details:

|                                               |  |
|-----------------------------------------------|--|
| Name of Principal Investigator                |  |
| Designation                                   |  |
| Department / Unit                             |  |
| Institution                                   |  |
| Email ID                                      |  |
| Mobile / Phone number                         |  |
| Co-investigator/s, if any                     |  |
| Name/s of student/s / research staff involved |  |

#### C. Study Details:

|                               |                                                                                                                                                                                                                                                                                              |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Title of proposed work        |                                                                                                                                                                                                                                                                                              |
| Type of submission            | <input type="checkbox"/> New <input type="checkbox"/> Ongoing <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation of previously permitted low-risk work                                                                                                                 |
| Study category                | <input type="checkbox"/> Dissertation/thesis <input type="checkbox"/> Intramural project <input type="checkbox"/> Extramural funded project <input type="checkbox"/> Departmental study<br><input type="checkbox"/> Diagnostic/method validation-related work <input type="checkbox"/> Other |
| Funding source, if applicable |                                                                                                                                                                                                                                                                                              |
| Proposed duration             | From: _____ To: _____                                                                                                                                                                                                                                                                        |

**Brief purpose of the study with detailed SOP (less than 1000 words):**

**D. Type of Biological Material to be Used****1. Human-derived material**

|                                      |                                       |                                        |
|--------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> Whole blood | <input type="checkbox"/> Serum        | <input type="checkbox"/> Plasma        |
| <input type="checkbox"/> Buffy coat  | <input type="checkbox"/> PBMCs        | <input type="checkbox"/> Saliva        |
| <input type="checkbox"/> Urine       | <input type="checkbox"/> Stool        | <input type="checkbox"/> Tissue biopsy |
| <input type="checkbox"/> FFPE tissue | <input type="checkbox"/> Fresh tissue | <input type="checkbox"/> Bone marrow   |
| <input type="checkbox"/> Cord blood  | <input type="checkbox"/> Other: _____ |                                        |

**2. Animal-derived material**

|                                       |                                               |
|---------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Animal blood | <input type="checkbox"/> Serum / plasma       |
| <input type="checkbox"/> Tissue       | <input type="checkbox"/> Cell / tissue lysate |
| <input type="checkbox"/> Other: _____ |                                               |

**3. Cell lines**

|                                                          |                                                               |
|----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Established human cell line     | <input type="checkbox"/> Animal cell line                     |
| <input type="checkbox"/> Primary cell line               | <input type="checkbox"/> Cancer cell line                     |
| <input type="checkbox"/> Commercially procured cell line | <input type="checkbox"/> Cell line obtained from collaborator |
| <input type="checkbox"/> Other: _____                    |                                                               |

|                                           |  |
|-------------------------------------------|--|
| <b>Name of cell line/s, if applicable</b> |  |
|-------------------------------------------|--|

**4. Sample status**

|                                                         |                                                         |
|---------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Non-infectious                 | <input type="checkbox"/> De-identified / anonymized     |
| <input type="checkbox"/> Archived sample                | <input type="checkbox"/> Prospectively collected sample |
| <input type="checkbox"/> Commercially procured material | <input type="checkbox"/> Sample from collaborator       |
| <input type="checkbox"/> Infectious status unknown      | <input type="checkbox"/> Other: _____                   |

**E. Source and Documentation of Material (If export/import involved)**

|                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Source of material</b>                                          | <input type="checkbox"/> Patient/participant <input type="checkbox"/> Healthy volunteer <input type="checkbox"/> Clinical laboratory <input type="checkbox"/> Blood bank <input type="checkbox"/> Biobank/repository <input type="checkbox"/> Commercial supplier <input type="checkbox"/> Collaborating institution <input type="checkbox"/> Existing stored samples <input type="checkbox"/> Other |
| <b>Approximate number of samples / cell lines</b>                  |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Approximate volume / quantity per sample</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Will samples be identifiable?</b>                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable                                                                                                                                                                                                                                                                                                     |
| <b>Will clinical data be linked to samples?</b>                    | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable                                                                                                                                                                                                                                                                                                     |
| <b>IEC approval / exemption status</b>                             | <input type="checkbox"/> Approved <input type="checkbox"/> Exemption obtained <input type="checkbox"/> Submitted and pending <input type="checkbox"/> Not applicable <input type="checkbox"/> To be obtained                                                                                                                                                                                         |
| <b>IEC approval / exemption number, if available</b>               |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Material Transfer Agreement applicable?</b>                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable                                                                                                                                                                                                                                                                                                     |
| <b>Is import / export / inter-institutional transfer involved?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide details: _____                                                                                                                                                                                                                                                                                                             |

**F. Confirmation of Low-Risk Eligibility**

| Question                                                                    | Yes                      | No                       | Remarks |
|-----------------------------------------------------------------------------|--------------------------|--------------------------|---------|
| Does the study involve genetic modification?                                | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve recombinant DNA work?                                | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve genome editing?                                      | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve viral vectors?                                       | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve transformation/transfection/transduction?            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve culture or propagation of microorganisms?            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve known infectious samples?                            | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve BSL-3 organisms or BSL-3 containment?                | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve creation of new cell lines?                          | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve only sample processing/analysis without propagation? | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve cell line work without genetic manipulation?         | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve OMICS analysis only?                                 | <input type="checkbox"/> | <input type="checkbox"/> |         |
| Does the study involve FFPE/non-infectious archived tissue?                 | <input type="checkbox"/> | <input type="checkbox"/> |         |

**Note:** If "Yes" is selected for genetic modification, recombinant DNA work, genome editing, viral vectors, known infectious samples or BSL-3 containment, this form may not be sufficient and a full IBSC application may be required.

|                                                                                         |                                                                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Will live cells be handled?                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                 |
| Will samples/cells be stored after completion of the study?                             | <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, mention duration and storage location: |
| Will any residual biological material be transferred to another laboratory/institution? | <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, provide details:                       |

**G. Biosafety Practices and PPE**

|                                                                                             |                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will all samples be handled as potentially infectious unless documented otherwise?          | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable                                                                                                                                                                                                                  |
| PPE to be used                                                                              | <input type="checkbox"/> Laboratory coat/gown <input type="checkbox"/> Gloves <input type="checkbox"/> Double gloves <input type="checkbox"/> Mask <input type="checkbox"/> N95 respirator <input type="checkbox"/> Eye protection/face shield <input type="checkbox"/> Shoe cover <input type="checkbox"/> Other |
| Will aerosol-generating procedures be performed?                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, mention precautions:                                                                                                                                                                                                                            |
| Will sharps be used?                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, mention disposal method:                                                                                                                                                                                                                        |
| Have personnel received relevant biosafety training?                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Planned                                                                                                                                                                                                                         |
| Hepatitis B immunization status for personnel handling blood/blood products/patient samples | <input type="checkbox"/> Completed <input type="checkbox"/> In progress <input type="checkbox"/> Not applicable <input type="checkbox"/> As per institutional occupational health/Infection Control Committee protocol                                                                                            |

**H. PI Declaration**

I declare that the information provided above and in the enclosed SOPs is true and accurate to the best of my knowledge.

I confirm that the proposed work does not involve genetic modification, recombinant DNA work, genome editing, viral vectors, known infectious samples, BSL-3 organisms, or any activity requiring BSL-3 containment.

The work will be initiated only after written/email confirmation from the IBSC Secretariat and will be conducted strictly as per submitted SOPs and institutional biosafety practices.

Any change in scope, biological material, procedure, personnel, location, storage, transfer, or risk category will be submitted to the IBSC for prior review.

All biological waste will be appropriately decontaminated and disposed of as per institutional biomedical waste procedures.

All incidents, spills, exposures, accidents or non-compliance will be reported to the IBSC as per institutional policy.

Personnel handling human blood, blood products, patient-derived samples or potentially infectious biological materials shall follow applicable occupational health requirements, including Hepatitis B immunization where required.

|                   |  |
|-------------------|--|
| <b>Name of PI</b> |  |
| <b>Signature</b>  |  |
| <b>Date</b>       |  |