

BTI Insect Use Form

Date Submitted:

Date Received by PUC:

Principal Investigator:

Phone:

E-mail:

Room numbers of research activities*

Laboratories:

Growth Chambers:

Dew Chambers:

Greenhouses:

*If research is to be conducted in Cornell University plant growth facilities outside of BTI, indicate name of Building or Growth Facility on campus and Cornell PI responsible for space, if appropriate.

1. Are you planning to use recombinant insects in the BTI Plant Growth facilities?

Yes

No

If yes, provide permit # of approved IBC r DNA MUA:
and attach copy.

2. List all insects (recombinant or not) to be used in BTI Plant Growth facilities:

<u>Insect Latin Name</u>	<u>Common Name</u>	<u>Broad (B) or Narrow (N) Host Range?</u>
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3. For each insect, list all hosts.

4. Is insect exotic or already exists in the environment in:

NY Finger Lakes region:

NY State:

United States:

5. Age of plant or insects at inoculation?

6. Briefly describe inoculation methods.

7. Provide room number and location of inoculation (e.g., fume hood, biosafety hood, lab bench, cart, growth chamber).

8. Briefly describe transport method used after inoculation (e.g., carts, trays, covered with plastic). Please indicate methods used to prevent insect escape or transfer to unintended surfaces or hosts during transfer to plant growth facilities.

9. Room number, growth chamber, or greenhouse where infested plants or insects will be maintained.

10. Briefly describe containment and sterilization measures used to prevent insect spread to non-host plants (e.g., autoclave, cages)

11. Growth conditions needed:

Day/Night Temperatures:	Day	Night
Photoperiod (Day/Night Length):	Day	Night
Light Quality and Intensity:	Quality	Intensity
Day/Night Humidity:	Day	Night

12. Are pesticides OK to use? Yes No

13. Describe natural modes of insect transmission and favorable environmental conditions for spread.

14. Describe special precautions to be taken by lab members or greenhouse staff when handling infested plants.

15. Indicate method for decontamination of greenhouse or growth chamber space after use.

Who will decontaminate space?

Name of lab member

Greenhouse staff ** Yes No

** Hourly rate and cost of supplies will be charged to lab account if decontamination is done by Greenhouse Staff

16. Provide reference(s) (including page numbers), which describes containment procedures, that can be used by the PUC to conduct a fair risk assessment of pathogen(s) you plan to use.

17. Name and signature of each lab member who will use pathogens in BTI Plant Growth facilities. Your signature indicates that you have read, understand, and agree to follow all precautions and methodologies listed in the BTI Pathogen Use Form, the PIs' Cornell IBC rDNA MUA and Greenhouse/Growth Chamber Manual (if appropriate), and the relevant pathogen SOPs to prevent spread of pathogens to non-target plants.

Name (Print)	Signature	Date
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PI Signature: _____

Date: _____