BTI Pathogen Use Committee
4/7/04

BTI Pathogen 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 pathogens in the BTI Plant Growth facilities?

   Yes _____ No _____

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

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

Pathogen Latin Name	Disease Name	Broad (B) or Narrow (N) Host Range?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. For each pathogen, list all hosts.

4. Is pathogen 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 (e.g., spray, drop, injection, rubbing, swabbing, syringe infiltration, Agroinoculation).

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 pathogen escape or transfer to unintended surfaces or hosts during transfer to plant growth facilities.

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

10. Briefly describe containment and sterilization measures used to prevent pathogen spread to non-host plants or insects (e.g., autoclave, TSP, bleach, absorbent paper, trays, biocontainment hood, plastic wrap).

11. Incubation conditions needed: Day/Night Temperatures: _____

Photoperiod (Day/Night Length): _____

Light Quality and Intensity: _____

Day/Night Humidity: _____

12. Are pesticides OK to use? Yes_____ No _____

13. Describe natural modes of pathogen transmission (e.g., sexual or asexual spores, wind, water, soil, contact, mechanical, grafting, seed, nematode, insect) and favorable environmental conditions for pathogen spread.

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

PI Signature: _____

Date: _____