



Biosafety Level-3 Facility for Tuberculosis Research

UNIVERSITY OF DELHI SOUTH CAMPUS
BENITO JUAREZ ROAD, NEW DELHI-110021

Tel No. 011-24115209

Email : bsl3.udsc@gmail.com

Requisition form for usage of BSL3 facility

Name of the Chief Investigator (PI)

.....

User Name:.....

Designation:.....

Address and Contact details:.....

.....

.....

Email:.....

Title of the project:

IBSC approval (attach copy)

IAEC approval (attach copy)

Duration of the experiment:.....

Description of the experiment (Attach separate sheet giving details of the proposed work, strains and techniques to be used):

Equipments to be used during the experiment:.....

.....

.....

Undertaking

- I/We have read the Standard Operating Procedures of working in the BSL3 facility and properly understood the Practices and Procedures for the BSL3 facility.
- I/We undertake to abide by the rules, safety guidelines, precautions and practices of the BSL3 facility during the entire duration of the experiment as mentioned in the Standard Operating Procedures, failing which the user will not be allowed to work in the facility.
- I/We shall give due acknowledgement to BSL3 facility, UDSC in published journals and also inform BSL3 facility, UDSC about the publications which acknowledges the use of the facility. The following statement has to be mentioned while acknowledging the use of the facility: "We thank the DBT supported UDSC-BSL3 (via grant number – BT/INF/22/SP26900/2018) for providing access to the BSL3 facility at

University of Delhi South Campus for the work related to the use of pathogenic strain of *Mycobacterium tuberculosis*”

- I/We understand that working inside the BSL3 involves a level of risk that is greater than in a normal laboratory environment.
- I/We have the requisite training for working in the BSL3 facility.
- I/We understand that I will have to undergo periodic medical screening before, during and after working in the BSL3 environment and have to fill the Medical information sheet before starting the work.
- I/We will be personally responsible for our own health. UDSC or its staff will not be held responsible for any of my illness(es). I/We have adequate medical insurance cover to take care of my all possible medical needs.
- I/We understand that the BSL3 staff will not be responsible for any experiment related problems/failures faced by the user while working in the facility.
- I/We will be responsible to bear the financial liability of the repair(s) of any instrument or equipment, if the damage is found due to the mishandling at our end.

Important points:

1. BSL3 safety clothings and protective gear will have to be arranged by the users/PIs.
2. (masks, gloves, coveralls, shoe covers head covers, pipettes, tips, media, glasswares, plasticwares and all other reagents) required for conducting your experiments. Sterilization of the reagents and the media required for the experiments shall be done at the user’s end, however, the discard autoclave will be carried out at the facility.
3. Booking needs to be done a week in advance. Any cancellation should be done 24 h prior to use.
4. Charges will be on a weekly basis. However, regular users may also book on a monthly basis
5. Charges will be applicable even if students are not working but cultures are growing in liquid or solid medium inside BSL3 incubators.
6. Payment will have to be made through a demand draft in the favour of “Director, UDSC” payable at New, Delhi or by RTGS to “Director, UDSC” in the account number 10043546386. The details for RTGS can be taken from the BSL3 staff.
7. Timings of bookings: 8:00 AM to 7:00 PM.
8. Investigators might have to do minor adjustment in time points in case of overlap with the time points of other investigators.

Signature of the User

Signature with Stamp
(Chief Investigator)

Place:

Date:

Signature of the BSL-III facility Incharge

For Office use

Date of Receipt	No. of days used	Amount

Signature