

**VALDOSTA STATE UNIVERSITY  
MEMORANDUM OF UNDERSTANDING AND  
AGREEMENT (MUA) FOR BIOHAZARDS OTHER THAN  
RECOMBINANT DNA EXPERIMENTS**

Date: \_\_\_\_\_

Researcher Name and Title \_\_\_\_\_

Department \_\_\_\_\_ Phone # \_\_\_\_\_

Building & Room #(s) \_\_\_\_\_

Title of Grant or Project: \_\_\_\_\_

Granting Agency & Grant # (if applicable) \_\_\_\_\_

A. Describe the experiments involving biohazard(s). Your description is to be sufficiently complete so as to provide committee members an understanding of what you intend to do and how you will do it.

\_\_\_\_\_

B. Assess the levels of physical containment required for the experiments.

\_\_\_\_\_

C. Describe the facilities and specific procedures that will be used to provide the required levels of containment.

\_\_\_\_\_

D. Describe the procedures and precautions to be followed if biohazardous organisms or agents are to be transported between laboratories.

\_\_\_\_\_

E. The undersigned agree to certify the following conditions of the proposed research:

1. The information above is accurate and complete. We agree to accept responsibility for training of all laboratory workers involved in the project. We agree to comply with the requirements of CDC, NIH, USDA, and EPA pertaining to shipment and transfer of hazardous biological materials as applicable. We are familiar with and agree to abide by the provisions of Valdosta State University Biosafety Manual, which outlines standards for conducting experiments with biohazardous agents.
2. We understand that only the organisms specified are covered by this MUA, and that work with other organisms or types of biohazards may require other MUAs.

\_\_\_\_\_  
Principal Investigator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\* \* \* \* \*

F. The VSU Committee on Biosafety has determined, based on information provided by the principal investigator, that:

- (a) No special medical surveillance (other than usual University health programs) is required for the project described in this MUA;
- (b) The following specific medical surveillance procedures must be carried out, for the individuals listed by name, before commencing the project described in this MUA:

\_\_\_\_\_  
G. We certify that the Valdosta State University Committee on Biosafety has reviewed the proposed project and has found it to be in compliance with the VSU Biosafety Manual, which outlines standards for conducting experiments with biohazardous agents.

\_\_\_\_\_  
Chairperson, VSU Committee on Biosafety

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VSU Biosafety Officer

\_\_\_\_\_  
DATE