

**RESEARCH PROPOSAL/PLAN APPROVAL**

Name of Student: \_\_\_\_\_ Name of Major Professor: \_\_\_\_\_

Degree Objective: \_\_\_\_\_ MS \_\_\_\_\_ PhD \_\_\_\_\_ Year In Program \_\_\_\_\_

Title of Research Proposal/Plan (submit a copy of the research proposal with this form to the Graduate Director):

**Date of Proposal Meeting:****Committee Members:**

Name	Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Conditions &amp; Comments:

\_\_\_\_\_  
Graduate Program Chair (Name and Signature)\_\_\_\_\_  
Date**Indicate if any of the following applies to this research:**please email a copy of this signed form to  
**pslagradadvising@umd.edu****Environmental Impact.** Will this research pose a real or potential impact on the environment? Yes No

If yes and an exemption has been authorized by the granting agency, please explain or attach explanation.

If no exemption has been authorized by the granting agency, please explain the environmental impacts and assessment studies to be performed or attach explanation.

**Human Subjects.** Will this research include the use of Human Subjects?

If yes, has an IRB application been submitted to the IRB office? Yes No

Please provide the title used on the IRB application and the IRB protocol approval number.

An IRB application has not been submitted for this project, but will be before this project is conducted. Submit one copy of the proposal protocol form to the IRB office. For more information, contact the IRB office at [irb@umd.edu](mailto:irb@umd.edu).

**Animals.** Will this research include using vertebrate animals? Yes No

If yes, has an IACUC protocol approval number been assigned?

Please provide the title used in the IACUC application and the IACUC protocol approval number.

An IACUC application has not yet been submitted for this project. For more information, contact the IACUC Coordinator at x55037 or [iacuc-office@umd.edu](mailto:iacuc-office@umd.edu)

**Radioactive Materials.** Will radioactive materials or ionizing radiation producing devices be used in this research? Includes x-ray units, electron microscopes, and particle accelerators; non-ionizing radiation producing devices such as lasers, IR, UV, or other optical emitting devices; and/or microwaves, RF, or electromagnetic sources of radiation. Yes No

If yes, will these devices be \_\_\_ionizing and/or \_\_\_ non-ionizing radiation producing? Maryland Department of the Environment (MDE) requires radiation safety training and an approved authorization prior to the use of such devices. Call DES, x53960, for assistance.

**Genetically engineered organisms:** Will genetically engineered organisms be used or produced in this research? Yes No If yes please explain.

**Biological materials:** Will this research use biological materials? e.g. recombinant DNA or RNA, human pathogens, toxins, or blood, unfixed tissue, or primary cell culture derived from humans or non-human primates. Call DES, x53960, for assistance. If recombinant experiments are already registered, provide approval number. Yes No

**Select Agent Toxins:** Will this research require the use of one or more of the following select agent toxins: e.g., Abrin, Botulinum neurotoxins, Clostridium perfringens epsilon toxin, Conotoxin, Diacetoxyscirpenol (DAS), Ricin, Saxitoxin, Shigatoxin, Shiga-like ribosome inactivating proteins, Staphylococcal enterotoxins, T-2 toxin, Tetrodotoxin? Call DES, X53960 for assistance. Yes No

**Highly toxic gases:** Will this research use highly toxic/reactive gases (e.g., arsine, hydrogen cyanide, cyanogens, silane, fluorine, etc.). Call DES, X53960 for assistance? Yes No

**Scientific diving:** Will this project require SCUBA diving? Call DES, X53960 for assistance. Yes No

**Boats used in Research:** Does project require use of boats? If boats are required for this research, checking yes to this box indicates that you are familiar with the Dive Safety and Boating Manual. Call DES, x53960, for assistance. Yes No

**Chemicals:** Will this project require the use of chemicals? If this project includes the use of chemicals, OSHA requires a Chemical Hygiene Plan and training. Call DES, X53960 for assistance. Yes No

**If you check yes to any of the above, proper assurances must be completed and obtain from Department of Environmental Safety.**