POLICY COVER SHEET

(See Faculty Staff Handbook 1460 for instructions at UI policy website: www.webs.uidaho.edu/uipolicy)

[3/09]

Faculty/Staff Handbook [FSH] □ Addition □ Revision* □ Deletion* □ Emergency
Minor Amendment □

Chapter & Title: ________________________________________________________________

Administrative Procedures Manual [APM] X Addition □ Revision* □ Deletion* X Emergency
Minor Amendment □

Chapter & Title: APM 45.23 Dual Use Research of Concern

All policies must be reviewed, approved and returned by a policy sponsor, with a cover sheet attached to apm@uidaho.edu or fsh@uidaho.edu respectively.

*Note: If revision/deletion request original document from apm@uidaho.edu or fsh@uidaho.edu, all changes must be made using “track changes.”

Originator(s): Kathryn Barker 8.21.2015
(Please see FSH 1460 C)

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Policy Sponsor: (If different than originator.) Arch Harner 8.21.2015

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Reviewed by General Counsel □__Yes ____No Name & Date: __Casey Inge 8.29.2015

I. Policy/Procedure Statement: Briefly explain the purpose/reason of proposed addition, revision, and/or deletion to the Faculty/Staff Handbook or the Administrative Procedures Manual.
Necessary for University compliance with federal Dual Use Research of Concern Policy.

II. Fiscal Impact: What fiscal impact, if any, will this addition, revision, or deletion have?
Minimal.

III. Related Policies/Procedures: Describe other policies or procedures existing that are related or similar to this proposed change.
APM 35.11 (Biohazard Safety) and 45.20 (Select Agents and Toxins)

IV. Effective Date: This policy shall be effective on July 1, or January 1, whichever arrives first after final approval (see FSH 1460 D) unless otherwise specified in the policy.
Effective September 23, 2015 per federal policy

If not a minor amendment forward to: ___________________________________________

Track # ____________ Date Rec.: ____________
Posted: t-sheet ____________ h/c ____________ web ____________
Register: ______________

Policy Coordinator
Appr. & Date: ____________________________________________________
[Office Use Only]

FSH
Appr. _______________
FC _______________
GFM _______________
Pres./Prov. ___________

[Office Use Only]

APM
F&A Appr.: __________
[Office Use Only]