Reviewed by _____

BSL _____

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Flow Cytometry Core Facility
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Project Based Biosafety Questionnaire

Flow Cytometry Core Laboratories are multi-user facilities where many different samples from various sources that may contain known or unknown human pathogens are investigated. The safety of the staff and of users of the facility is of ultimate concern. Currently, the instrument and facilities **cannot accommodate any BSL 3 or radioactive material**. Information about the sample sources and potentially infectious agents is critical for effective biosafety measures. Consequently, this sample information form **must be filled out completely** and **signed by the Principal Investigator** who is requesting samples to be analyzed or sorted in the Flow Cytometry Core Facility **before experiments or projects are started.** The same biosafety questionnaire will be kept on file provided none of the information it contains has changed. It is the responsibility of the Principal Investigator to make sure that an up-to-date questionnaire is on file. **Failure to do so may jeopardize future use of the facility!** Appropriate biosafety approval of experiments prior to sample submission to the core laboratory is required.

Date:

Principal Investigator (Laboratory Director):
Phone:
Fax:
E-mail:

Investigator:
Phone:
Fax:
E-mail:
Laboratory Location (Bldg/Rm.):

Project Title (if any):

Summary or description of project (Provide details related to cells that will be analyzed or sorted; limit to one paragraph).

List type of sample and source (i.e. mouse spleen cells, human peripheral blood mononuclear cells, cells from an animal engrafted with human cells, etc.)

Has this protocol been reviewed by the Institutional Biosafety Committee? Yes ❑ No ❑
(If yes, state BSL and approval number and date of approval)

Were tissue/blood donors screened for the following pathogens: HIV, SIV, HepB, HepC, HepD, Herpesvirus simiae, HTLV-1, HTLV-2, LCMV, SARS, Mycobacterium tuberculosis or Mycobacterium bovis or Neisseria meningitidis?
YES ❑ NO ❑ UNKNOWN ❑
Results: Positive ❑ Negative ❑

Does the sample contain any other known infectious agent(s) YES ❑ NO❑ UNKNOWN ❑ (List agent(s); provide Biosafety Level of agents using classifications as listed in "Biosafety in Microbiological and Biomedical Laboratories", US Department of Health and Human Services, 4th edition (http://bmbl.od.nih.gov/).

Has the infectious agent been inactivated? YES ❑ NO ❑ UNKNOWN ❑ If yes, describe the method of inactivation, if applicable.

Were the cells transformed using a virus such as EBV, HTLV-1, herpes saimirii, or other virus? YES ❑ NO ❑ If yes, list virus.

Were cells genetically engineered? YES ❑ NO ❑ How were they genetically engineered? Was a virus (adenovirus, retrovirus, lentivirus, herpes virus, etc.) used to transfer genetic information to the cells? If yes, describe method in detail, attach vector map and show packaging of cell line. Indicate number of passages post infection.

Have the cells been tested for Mycoplasma infection? YES ❑ NO ❑ If yes, give date of last test(s) and test(s) results. Tests must have been performed just prior to sample submission to the flow cytometry core laboratory.

Will the samples be fixed prior to submission to flow cytometry core laboratory? YES ❑ NO ❑ If yes, describe the fixation protocol in detail, e.g., list fixative, concentration and exposure time.

Do you plan to sort these cells? YES❑ NO❑

I have read the above questions carefully and certify the information to be accurate and complete.

_____ _____
Signature (Principal Investigator) Date