

The Cytometry Core Facility (CCF) is a multi-user facility where many different samples from various sources that may contain human pathogens are investigated. The safety of Core Facility personnel and users is of utmost concern. Information about the sample sources and potentially infectious agents is critical for effective biosafety measures. Consequently, this Biosafety Questionnaire must be filled out completely and approved by the CCF manager prior to starting a new project or experiment. The Biosafety Questionnaire will be kept on file with the CCF. It is the responsibility of the user to ensure the information on the questionnaire remains up to date. **Please note the Cytometry Core Facility can only accommodate BSL 1 and BSL 2 materials. We CANNOT accommodate BSL 3 and above OR select agents.**

Laboratory Principal Investigator (PI):

PI phone number:

PI e-mail:

Experimentor (User):

User phone number:

User e-mail:

Laboratory building and room number:

Summary of experiment/project :

Type of sample and source (i.e. mouse lung tissue, human peripheral mononuclear cells). For cell lines, describe cell origin:

Does this sample contain any known infectious agent?

Yes

No

If yes, list infectious agents:

Has infectious agents been inactivated?

Yes

No

If yes, describe method of inactivation:

Were blood donors screened for bloodborne pathogens, e.g. HIV, HBV, HCV?

Yes

No

If yes, list results:

Could the sample contain other known human pathogens?

Yes

No

If yes, list agent(s):

Were the cells transformed using a virus such as EBV, SIV, HIV-1, HSV-1 or adenovirus?

Yes

No

If yes, list virus:

Were cells genetically engineered?

Yes

No

If yes, describe method in detail (How were they engineered? Was a gene therapy virus used to transfer genetic information? What was the packaging cell line?)

Have the cells been tested for mycoplasma and/or viral infection (HIV, HBV, SIV, etc)?

Yes

No

If yes, give date and results of last test:

Will the samples be fixed?

Yes

No

If yes, describe the fixation protocol, e.g. concentration and exposure time of fixative:

I have read the above questions carefully and certify the information provided is correct.

Signature (Principal Investigator)

Date