HEME/ONC-HSCI FLOW CYTOMETRY RESEARCH FACILITY

New User/Project Biosafety Questionnaire

(This form must be filled out by all new user and current users with new project)

Our core is a multi-user facility where samples from various sources are analyzed and sorted. The safety of our staff and users is our primary concern. Therefore, accurate information about sample sources, potential infectious agents, and sample preparation procedures is crucial for effective biosafety risk assessment. Failure to fully disclose important biosafety information may result in permanent denial of services.

Project Title:_____

Laboratory Director (Principal Investigator)
Name ..... _____
Phone number ..... _____
E-mail..... _____

Investigator (Experimentors)
Name ..... _____
Phone number ..... _____
E-mail..... _____
Laboratory Location (Building and Room) .....____

Project Fund and Org Number (for billing):
Fund #(BCH only): _____ PO# (Non-BCH): _____

Project start date and end date:

Start: ___/___/20___ End: ___/___/20___ (or ☐ if continuous)

Does this project have current Institutional Biosafety Committee (IBC) approval?

☐ **Yes.** Attach a copy of the IBC approval letter.

☐ **No.** The samples **cannot** be run or sorted until approval is obtained. Contact Despina Felis from IBC at Despina.felis@childrens.harvard.edu to have your project approved prior to using our facility.

☐ **Exempt** (no known infectious agent or exempt from IBC approval)

Briefly summarize the project. Provide details related to cells that will be analyzed or sorted. Limit to one paragraph.

_____
_____

List type of samples and sources (List the species and tissues you will use in this project (i.e., mouse spleen cells, human peripheral blood, etc.). For cell lines, describe cell origin.)

☐ Human ☐ Primate ☐ Mouse ☐ Rat ☐ Bacteria ☐ Other _____

☐ Primary Cells (Tissues or fluids taken directly from a donor)
List Tissue(s)/Source(s): _____

☐ Cultured Primary Cells (Primary cells that have been cultured in vitro for any amount of time)
List Tissue(s)/Source(s): _____

☐ Cell Line(s)
Name(s)/Designation(s) and origin of each cell line to be used: _____
_____

Will the samples be fixed prior to submission to core flow cytometry laboratory?

☐ Yes ☐ No
If yes, describe the fixation protocol in detail (e.g., list concentration and exposure time)

_____
_____
_____
_____

Do the samples contain any known infectious agent(s)?

☐ Yes ☐ No
If yes, list infectious agents:
_____
_____
_____
_____

· Note the infectious agent(s) must be listed on your IBC approval letter with the proper containment indicated.

Has the infectious agent been inactivated or rendered non-infectious ?

☐ Yes ☐ No ☐ Not Applicable
If yes, describe method of inactivation. Provide proof of inactivation, if applicable. Attach a separate sheet if necessary.

_____
_____
_____
_____
_____

Were blood cell donors screened for blood-borne pathogens (e.g. HIV, HBV, HCV, etc)?

☐ Yes ☐ No ☐ Not Applicable
If yes, list test results, positive and negative.

_____
_____
_____
_____

Could the sample contain other known human pathogens?

☐ Yes ☐ No
If yes, list agent(s).

_____
_____
_____
_____

Were the cells transformed using a virus (eg. EBV, HTLV-1, etc.)?

☐ Yes ☐ No
If yes, list virus.

_____
_____
_____
_____

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

☐ Yes ☐ No
If yes, give date of last test(s) and test(s) result. Note: Tests must have been performed within one week prior to sample submission to the flow cytometry core laboratory.

Were the cells genetically engineered?

☐ Yes ☐ No
If yes, how were they genetically engineered? Was a gene therapy virus (adenovirus, retrovirus, lentivirus, herpesvirus, etc.) used to transfer genetic information to the cells? Describe the method in detail, attach vector map and show packaging cell line. Attach separate sheet(s) if necessary.

_____
_____
_____
_____
_____

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

_____ ____/____/20____
Signature Date