Electron Microscopy Core
University of Missouri

W117 Veterinary Medicine
1600 E. Rollins St.
Columbia, Missouri 65211
Telephone: (573) 882-8304
http://emc.missouri.edu/

MU Biosafety Questionnaire

Research core facilities are multi-user laboratories that offer services to investigators both on and off campus. Researchers bring samples derived from a variety of sources for analysis at the EMC, and these samples can potentially harbor pathogens capable of transmitting disease. Since the safety of facility personnel and users is of utmost important, the EMC requests detailed information about the source of the sample and method of preparation. Information provided by the principal investigator on this form will be used to assess the risk level to personnel and users so the appropriate safety measures can be followed and the risk of exposure to biohazardous materials minimized.

Please fill out this questionnaire and include as many details as possible. Both the investigator analyzing the samples and the principal investigator should sign the form, and the completed form should be submitted to EMC as soon as possible before the planned experiment. Once the form is approved by EMC staff, the experiment will be scheduled.

Date:

Project Title:

Principal Investigator:

Name:

Phone Number:

E-mail:

Scientist analyzing samples:

Name:

Phone Number:

E-mail:

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Project start date and end date:

Start: mm/dd/year End: mm/dd/year

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

☐ **Yes.** Attach a copy of IBC approval Letter or IBC protocol number

☐ **No.**

If no, the samples cannot be run until the IBC committee has approved the study.

Questions? Contact the Environmental Health & Safety Office at (573) 882-7018

☐ **Exempt.** (No known infectious agents or exempt from IBC approval)

Briefly summarize the project. In one paragraph or less, provide general information about the project and specific information about the source of cells and the method of sample preparation.

List the origin (tissue) and species of the sample (e.g., mouse spleen cells). For established cell lines, describe the species/tissue of the cell line and the source where it was obtained (another laboratory, commercial source).

☐ Human ☐ Primate ☐ Mouse ☐ Rat ☐ Bacteria

☐ Other_____

☐ Primary cells (taken from animals but not cultured *in vitro*)

List species and tissue:_____

☐ Cultured primary cells (primary cells that have been cultured in vitro for any amount of time)

List species and tissue _____

☐ Established cell lines

Name of cell line, species, and tissue _____

Source where cell line obtained from _____

Has the cell line been transformed by or carry any known viral pathogens?

☐ Yes ☐ No

If yes, provide details: _____

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Will the samples be treated with any pharmacological agents?

☐ Yes ☐ No

If yes, list pharmacological agents:

_____

_____

Do the samples contain any known infectious agents or other known human pathogens?

☐ Yes ☐ No

If yes, list infectious agents or known human pathogens:

_____

_____

Note: The infectious agents/known pathogens must be listed on your IBC approval letter with the method of containment indicated.

If using samples from a human donor, has the donor or sample been screened for blood-borne pathogens (e.g. HIV, HBV, HCV, etc)?

☐ Yes ☐ No ☐ Not Applicable

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

☐ Yes ☐ No

If yes to either question, provide a copy of the most recent test results.

_____

_____

_____

_____

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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.

_____

_____

_____

_____

Will the samples be fixed prior to use on the flow cytometry analyzers or sorter?

☐ Yes ☐ No

If yes, describe the fixation protocol in detail (e.g., list concentration and exposure time).

_____

_____

Note: All human samples MUST be fixed before high pressure or plunge freezing

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Have the cells been transformed or genetically engineered using a viral system (e.g., EBV, HTLV-1, etc.) or recombinant DNA?

☐ Yes ☐ No

If yes, has a gene therapy virus been used?

☐ Yes ☐ No

Plasmid or viral vector: _____(e.g., LentimMax or other)

Details about insert: _____

Details about enhancers/promoters/other viral components: _____

_____

Is the insert an oncogene: ☐ Yes ☐ No

If yes, provide details of insert:_____

_____

If virus, is it replication incompetent: ☐ Yes ☐ No

Capacity of virus to infect human cells: _____

Are transduced cells passaged at least 3 times prior to analysis: ☐ Yes ☐ No

IBC protocol number:_____

Will the cells be derived from transgenic plants?

☐ Yes ☐ No

Plasmid backbone or viral vector: _____

Details about insert (gene of interest): _____

_____

Details about enhancers/promoters/other viral components: _____

_____

Is the insert an oncogene: ☐ Yes ☐ No

If yes, provide details of insert:_____

_____

IBC protocol number:_____

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Entering your name indicates you have read above questions carefully and certify the information provided to be correct

_____ _____

Signature, Scientist **Date (mm/dd/year)**

FOR EMC USE ONLY

COMMENTS:

BIOSAFETY LEVEL:_____

APPROVED: **Yes** ____ **No** ____ **DATE**:_____

APPROVED BY: _____

Submit