Department of
Medical Microbiology & Immunology

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Detailed Project Biosafety Questionnaire for Core Flow Cytometry Facility

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 facility personnel and users is of primary concern. Information about the sample sources and potentially infectious agents is critical for effective biosafety measures. Based on your responses to questions in the General Biosafety Questionnaire we are asking for more information.

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 #: _____ Org #: _____

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 the Creighton Environmental Health & Safety Office at 546-6400.

☐ **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). Attach a separate sheet if necessary.

_____
_____
_____
_____

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 (Laboratory Director, Principal Investigator) Date