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General 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 both facility personnel and facility users is of primary concern. 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 laboratory director who is requesting samples to be analyzed or sorted in the flow cytometry core facility before projects or experiments are started. This biosafety questionnaire will be kept on file provided none of the information it contains has changed.

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)

How will flow cytometry be used in this project? Please limit to 1 paragraph.
(Phenotype analysis, sorting, functional analysis, etc.; be specific)

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.

_____
_____
_____

Will the samples be treated with any pharmacological agents?

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

Will the samples be virally or otherwise transformed or genetically engineered?

☐ Yes ☐ No

Will the samples contain any known infectious agent(s)? (e.g. HIV, HBV, etc.)

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

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

_____ ____/____/20____
Signature (Laboratory Director, Principal Investigator) Date