Biosafety Questionnaire for Shared Flow Cytometry Facilities

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 ultimate 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 cytometer core **facility before projects or experiments are started**. The biosafety questionnaire will be kept on file provided none of the information it contains has changed.

Laboratory Director (Principal Investigator)

Name:

Phone number:

Fax number:

E-mail:

Investigator (Experimenter)

Name:

Phone number:

Fax number:

E-mail:

Laboratory location (Building and room):

Project title (if any):

Project start date and end date:

Biosafety approval (Date):

Summary or description of project. Provide details related to cells that will be analyzed or sorted. Limit to one paragraph.

List type of sample and source (i.e., mouse spleen cells, human peripheral blood mononuclear cells, cells from an animal en-grafted with human cells ect.); for cell lines, described cell origin.

Does the sample contain any known infectious agent(s)? Yes No List agent(s); Provide Biosafety Level agents using classifications as listed in "Biosafety in Microbiological and Biomedical Laboratories", US department of Health and Human Services, 4th Edition.

Has infectious agent been inactivated or rendered non-infection? Yes No If yes, describe method of inactivation. Provide proof of inactivation, if applicable.

Were blood cell donors screened for blood borne pathogens, e.g. HIV, HBV, HCV? Yes No If yes, list test results, positive or negative.

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, HTLV-1, herpes saimiri? Yes No If yes, list virus.

Have the cells been tested for mycoplasma infection and/or viral infection (HIV, HBV, SIV, ect.)? Yes No
If yes, give date of last test(s) and test(s) result. Tests must have been performed within one week prior to sample submissions to the flow 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, ect.) used to transfer genetic information to the cells?
If yes, describe method in detail, attach vector map and show packaging cell line.

Will the sample be fixed prior to submission to the core flow cytometry laboratory?
Describe the fixation protocol in detail, e.g., list concentration and exposure time.

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

Date:

Signature (Laboratory Director, Principal Investigator):