



## TSRI Flow Cytometry Biohazard Form

TSRI Flow Cytometry Core Facility is a multi-user facility where many different samples from various sources that contain unknown and known animal and human pathogens are analyzed or sorted. The safety of the staff and users of the facility is the ultimate concern. Therefore, information about the sample sources and infectious agents is critical for effective biosafety risk assessment.

This form must be filled out completely and digitally signed by the principal investigator. The form must then be sent electronically (only electronic submissions will be accepted) to Dr. Mosier, Chair of the IBC, at [dmosier@scripps.edu](mailto:dmosier@scripps.edu) **before experiments are started**.

Dr. Mosier will review the form and respond. Appropriate biosafety approval prior to use of the Flow Cytometry Facility is required. Failure to obtain approval may jeopardize future use of the facility.

**Date:**

**Project Title:**

**Principal Investigator:**

Phone:

E-mail:

Laboratory Location:

**Staff member performing Expt:**

Phone:

E-mail:

**Description of Project** (Provide details related to cells *eg.* name, species origin that will be analyzed or sorted, limit to one paragraph):

**Has this project been reviewed by the Institutional Biosafety Committee (IBC), IRB (for human material only), or IACUC (for cells of animal origin)?**

Yes No If yes, give the BSL level assigned below and provide approval dates on the signature page.

**Does the sample contain any known infectious agents?**

Yes No Unknown If yes, list the agents.

**Are these samples of human origin?** Yes No

**If yes, were the donors screened for bloodborne pathogens (HIV, Hepatitis etc.)?** Yes No

**Has the infectious agent been inactivated?** Yes No Unknown  
Not Applicable If yes, describe the inactivation method.

**Were the cells transformed using a virus such as EBV, HTLV-1, herpes saimirii, etc.?** Yes No If yes, list virus.

**Were the cells genetically engineered?** Yes No If yes, how were they engineered? Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus, etc.) List the virus and give a brief description of the system used.

## Flow Cytometry Biohazard Signature and Approval Page

Date:

Project Title:

IBC approval Date:

IRB approval Date (human material only):

IACUC approval Date (cells obtained from animal experiments):

I have read the above questions and certify the information provided to be accurate

Principal Investigator Digital Signature here

### BIOSAFETY USE ONLY

**Provisional Approval:**

**IBC Chair Signature**

Without Modification  
With Modification  
Not Approved

**Final IBC Approval  
(Full committee Review)**

Without Modification  
With Modification  
Not Approved

Comments: