

HEME/ONC-HSCI FLOW CYTOMETRY RESEARCH FACILITY

New User/Project Biosafety Questionnaire

(This form must be filled out by all new user and current users with new project)

Our core is a multi-user facility where samples from various sources are analyzed and sorted. The safety of our staff and users is our primary concern. Therefore, accurate information about sample sources, potential infectious agents, and sample preparation procedures is crucial for effective biosafety risk assessment. Failure to fully disclose important biosafety information may result in permanent denial of services.

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 #(BCH only): PO# (Non-BCH):
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 Despina Felisfrom IBC at Despina.felis@childrens.harvard.edu to have your project approved prior to using our facility.
$\ \square$ 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.

	this project ll 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 lab \square Yes \square No If yes, describe the fixation protocol in detail (e.g., list concentration and exposure	-
Do the samples contain any known infectious agent(s)? ☐ Yes ☐ No	
If yes, list infectious agents:	
If yes, list infectious agents:	
 If yes, list infectious agents: Note the infectious agent(s) must be listed on your IBC approval letter with containment indicated. Has the infectious agent been inactivated or rendered non-infectious? 	the proper

Were blood cell donors screened for blood-borne pathogens (e.g. HIV, HBV, HC 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?
\square Yes \square 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 correctly as a second of the correct of the c
Signature Date