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

**Laboratory Director (Principal Investigator)**

Phone number

Fax number

E-mail

##### Investigator (Experimentor)

Phone Number

Fax Number

E-mail

Laboratory Location (Building and Room)

**Project title (if any):**

**Project start date and end date:**

**Do you have IBC approval for this project? Yes No**

**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, etc.); for cell lines, describe cell origin.

**Does the sample 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** If yes, describe method of inactivation. Provide proof of inactivation, if applicable.

##### Does your laboratory have a post-exposure prophylaxis SOP for these materials? Yes No

The user providing the samples is responsible for providing the core staff with any post-exposure prophylaxis SOPs related to the samples.

**Were blood cell donors screened for bloodborne pathogens, e.g., HIV, HBV, HCV?** **Yes No**

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 such as EBV, HTLV-1, herpes saimiri? Yes No

If yes, list virus.

##### Are these nonhuman primate samples? Yes No

If so, do they have the potential to contain the Herpes Simian B 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. 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?

If yes, describe method in detail, attach vector map and show packaging cell line.

**Will samples be submitted to the Flow Cytometry Core Facility less than 24hrs after being transduced to express an oncogene? Yes No**

**Will the samples be fixed prior to submission to 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:

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