Sample Types

This form should be filled out by the Primary Investigator (PI) and the laboratory member (USER) who will be using the sample type described below. One of these forms should be filled out for each unique sample type the USER will bring to the flow core.

Name of USER: Click or tap here to enter text.

Name of PI: Click or tap here to enter text.

Name of Sample Type: Click or tap here to enter text.

**Fill this section out for sample type used.**

*Note: Every sample type must have its own form filled out per incidence per USER*

**Section I: Sample Type**

Sample source:

[ ] Rodent

Species: Click or tap here to enter text. Origin: Click or tap here to enter text. Tissue: Click or tap here to enter text.

[ ]  Human

Origin: Click or tap here to enter text. Tissue: Click or tap here to enter text.

[ ]  Non-human primate

Species: Click or tap here to enter text. Origin: Click or tap here to enter text. Tissue: Click or tap here to enter text.

[ ]  Cell Line

ATCC# Click or tap here to enter text.

[ ]  Other

Species: Click or tap here to enter text. Origin: Click or tap here to enter text. Tissue: Click or tap here to enter text.

Is there a IACUC/IRB number? [ ]  Yes [ ]  No

If so, what is it? Click or tap here to enter text.

**Section II: Infectious agents**

Has the sample been infected or known to be infected? [ ]  Yes [ ]  No [ ]  Unknown

If yes, with what is it infected? Click or tap here to enter text.

IBC Approval # Click or tap here to enter text. Or [ ]  N/A

*Please refer to the CDC* [*BMBL*](http://www.cdc.gov/biosafety/publications/bmbl5/index.htm) *(Biosafety in Microbiological & Biomedical Laboratories) and* [*ABSA*](https://my.absa.org/tiki-index.php?page=Riskgroups) *for classification.*

Risk group classification: [ ]  1 [ ]  2 [ ]  3 [ ]  4

 Risk Group 1: low individual and community risk, not associated with any disease in

 healthy adult humans

 Risk Group 2: moderate individual risk, low community risk, associated with human

 disease that is rarely serious and for which preventive or therapeutic

 interventions *often exist*

 Risk Group 3: high individual risk, low community risk, associated with serious or

 lethal human disease for which preventative or therapeutic interventions

 *may exist*

 Risk Group 4: high individual and community risk, associated with serious or lethal

 human disease for which preventive or therapeutic interventions *usually*

 *are not available*

BSL Level: [ ]  1 [ ]  2 [ ]  3 [ ]  4

 **Biosafety Level 1 (BSL 1):** suitable for work involving well-characterized agents not

 known to consistently cause disease in immunocompetent

 adult humans, and present minimal potential hazard to

 laboratory personnel and the environment

 **Biosafety Level 2 (BSL 2):** builds upon BSL-1. BSL-2 is suitable for work involving

 agents that pose moderate hazards to personnel and the

 environment.

 **Biosafety Level 3 (BSL 3):** applicable to clinical, diagnostic, teaching, research, or

 production facilities where work is performed with indigenous

 or exotic agents that may cause serious or potentially lethal

 disease through the inhalation route of exposure.

 **Biosafety Level 4 (BSL 4):** dangerous and exotic agents that pose a high individual risk

 of aerosol-transmitted laboratory infections and life-

 threatening disease that is frequently fatal, for which there

 are no vaccines or treatments, or a related agent with unknown

 risk of transmission.

**Section III: Genetically Modified**

Has the sample been genetically modified? [ ]  Yes [ ]  No

If yes, please answer the following:

1. Host organism: Click or tap here to enter text.
2. Vector system: Click or tap here to enter text.
3. If you are using a Lentiviral vector system, what Class is it? [ ]  1 [ ]  2

|  |  |
| --- | --- |
| Class | Criteria for Classification |
| 1 All criteria must be met to justify the assignment of class  | * 3rd generation (or safer) vector system
* Self-inactivating LTR
* Non harmful insert
* Low viral titers
 |
| 2 If at least one of the criteria applies the class will be 2 | * 1st/2nd generation vector systems
* Vectors containing X-protein expressing forms of the woodchuck hepatitis B post-transcriptional regulatory element
* Harmful insert
* High viral titers
 |

1. Intended nature of the modification: Click or tap here to enter text.
2. Is the viral vector replication incompetent? [ ]  Yes [ ]  No
3. Does the viral vector infect humans or human cells in vitro? [ ]  Yes [ ]  No
4. What is the source and characteristics of the inserted gene product, and any hazards associated with its use? Click or tap here to enter text.
5. Does the insert code for a protein with known or suspected physiological, pathological and or pharmacological effect? [ ]  Yes [ ]  No
6. Will the viral vector contain any natural or inserted oncogene and/or oncogenic sequences?

 [ ]  Yes [ ]  No

1. What is the overall likelihood that, in the event of an exposure, the genetically modified sample (virus) could cause harm to human health? Click or tap here to enter text.

**Section IV: Inactivation of Samples**

The following sample types must be inactivated (i.e. formaldehyde fixation) prior to running in the Flow core.

1. Human
2. Non-human primate
3. Risk Groups 1-3
4. BSL 2 and above
5. Genetically modified

Please enter fixation technique to be employed:

Cite source of technique that is specific to this sample type:

If no published source of this technique is available, has your lab validated its fixation process on this sample type? [ ]  Yes [ ]  No

**Section V: Acknowledgments and Signatures**

Date: Click or tap here to enter text.

USER e-mail: Click or tap here to enter text.

USER phone: Click or tap here to enter text.

USER Electronic signature: Click or tap here to enter text.

[ ]  I understand that checking this box constitutes a legal signature, and that as the USER for this sample type, I have a responsibility to ensure that I have received an appropriate level of training and expertise to enable safe working. This includes ensuring that I understand this sample type and any risks it may pose to myself, my colleagues, civilians, and the environment.

PI e-mail: Click or tap here to enter text.

PI phone: Click or tap here to enter text.

Date: Click or tap here to enter text.

PI Electronic Signature: Click or tap here to enter text.

[ ]  I understand that checking this box constitutes a legal signature, and that as the principal investigator (PI) for this sample type, I have a legal responsibility to ensure that all those involved/working on the project have an appropriate level of training and expertise to enable safe working. This includes ensuring that they read and understand this sample type and any risks it may pose to them. And, that all procedures they undertake, including the control measures, are in strict accordance with those approved for this sample type.

Section VI: Approval (filled out by Flow Core)

Sample Types Request Number: Click or tap here to enter text.

 [ ]  Approved [ ]  Denied

 Date and Sign – NSU Flow Core Manager

Click or tap to enter a date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_