Biosafety Questionnaire for SUNY Upstate Flow Cytometry Facility
(Required for all sorting)

The Flow Cytometry Core is a multi-user facility 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. Sorting forms a particular biosafety hazard as the sorter has a potential to produce aerosols. 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. This 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 (Experimenter)

Phone Number

Fax Number

E-mail

Laboratory Location (Building and Room)

Project title (if any):

Project start and end date:

Do you have current Institutional Biosafety Committee approval for this project? (Check)

- ☐ **Yes.** Attach a copy of the IBC approval letter.
- ☐ **No.** The samples **cannot** be run or sorted until approval is obtained. Contact the Biosafety committee and get approval prior to sorting.
- ☐ **No human tissue, recombinant DNA or infectious agents involved.**

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., , 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.

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.

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.

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

Date:

_____ Signature (Laboratory Director, Principal Investigator)