MOLECULAR HORIZONS | UNIVERSITY OF WOLLONGONG AUSTRALIA

Fluorescence Analysis Facility
Biosafety Form

The Fluorescence Analysis Facility in Molecular Horizons is a shared facility where samples from various sources are imaged and analysed. To ensure ongoing safety for users and operators we require that the following review be filled out completely and in detail and signed by the Principal Investigator on the project. This must be done prior to the commencement of experiments or projects. A hard copy of this review will be kept on file and it is the responsibility of the Principle Investigator to make sure that this record is kept up to date. All Genetically Modified Organisms (GMO's) must have Institute Biosafety Committee (IBC) approval and all appropriate risk assessment have been completed prior to commencing work at this facility.

Failure to complete this review truthfully or carry out the above may jeopardise future use of this facility.

By signing this document, you recognize the facility requires acknowledgement in publications *when data is generated from equipment used within the Fluorescence Analysis Facility and staff be notified of the publication.* ***We suggest the following sentence in the acknowledgments section: "The authors acknowledge the facilities, the technical and scientific assistance of the Fluorescence Analysis Facility in Molecular Horizons, Faculty of Science, Medicine and Health, University of Wollongong."***

Date: _____

Principal Investigator:

_____
Phone:
Email:

Investigator: _____
Phone:
Email:
Laboratory Location (Microscopy 42.236, Flow Cytometry 42.238):

Project Title:

Summary or description of project
(in one paragraph please provide details related to cells that will be imaged, analysed and/or sorted.

List type of sample and source
(i.e. mouse spleen cells, human peripheral blood mononuclear cells, environmental samples; bacteria, viruses, organic material, nanoparticles, cells from an animal engrafted with human cells, primate cells etc). For cell lines describe cell origin

Does the sample contain any known infectious agent(s)? Yes / No
If yes, list agent(s)

Has the infectious agent(s) been inactivated? Yes / No or NA
(If yes, describe the method of inactivation)

Were tissue/blood donors screened for known human pathogens? Yes / No / NA e.g. HIV, HBV, HCV or other? (If yes, list test results, positive or negative)

Were the cells transduced with a virus such as EBV, HTLV-1, herpes saimiri or any other virus? Yes / No (If yes, list virus relevant details)

Were the cells genetically engineered? Describe the modified training (Name all over expressed oncogenes, shRNA – targeted genes, Fluorescent reporters). Is this procedure covered by existing IBC approvals? Yes / No (If yes, how were they genetically engineered? Please provide us with the SafetyNet Risk assessment Reference Number and IBC approval code.

Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus etc.) to transfer genetic information to the cells?
(If yes, describe the 'packaging cell line' method in detail, pseudo type and attach SafetyNet Risk assessment Reference Number and IBC approval code.

Have the cells been tested for Mycoplasma infection? Yes / No
(if yes, describe testing method in detail)

Has the cell line (or in the case of primary cells, identically treated cells been tested for infection (HIV, HBV, SIV etc), and/or replication competent recombinant retro/lentivirus?
(If yes, give number of passages since last test, method and results).

Will the cells be fixed prior to submission to the Fluorescence Analysis Facility? Yes / No
(If yes, describe the fixation procedure in detail, e.g., list fixative, concentration and exposure time.)

Has this protocol been reviewed by the Institute OHS and/or Compliance Staff? Yes / No
(If yes, please list Institute OHS and/or Compliance Staff comments, Bio-safety precautions necessary and signature

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

_____ _____
Signature (Principal Investigator) Date

_____ _____
Signature (Fluorescence Analysis Facility staff) Date