**Access Questionnaire for the IMM Flow Cytometry Facility**

Return to Ann Atzberger Room 2.21 Ext:3055 Training Date:

The multi-user facility is a **Containment Level 2** laboratory; samples from various sources may contain known or unknown human pathogens.

Information regarding sample sources and potentially infectious agents is needed for effective biosafety measures.

**THIS FORM MUST BE COMPLETED BY EACH USER, AND COUNTERSIGNED BY THEIR GROUP LEADER BEFORE USING THE FACILITY**

**Date**

**Group Leader Cost Code:**

Phone number

E-mail

**User**

Phone Number

E-mail

Laboratory Location (Building and Room)

**Project title (if any):**

**Summary or description of project**. Provide details related to cells that will be analyzed or sorted. (One paragraph).

**List source and type of sample**

(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.

|  |  |
| --- | --- |
| **SOURCE (Tick)** | **TYPE OF SAMPLE** |
| **Human** |  |
| **Mouse** |  |

**Does the sample contain any known infectious agent(s)? Yes No**

List agent(s); Provide Hazard Grouping of agents using classifications as listed in the ACDP Approved list at http://www.hse.gov.uk/pubns/misc208.pdf.

**Has the infectious agent been inactivated? Yes No** If yes, describe method of inactivation. Provide proof of inactivation, if applicable.

**Were blood cell donors screened for 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 saimirii? Yes No** If yes, list virus.

**Were cells genetically engineered? Yes/No Risk assessment number IMM \_\_\_\_\_**

How were they genetically engineered?

Was a gene therapy virus (adenovirus, retrovirus, lentivirus, herpesvirus, etc.) used to transfer genetic information to the cells? **Yes No** If yes, describe method in detail, attach vector map and show packaging cell line.

**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 just prior to sample submission to the flow cytometry core laboratory.

**Will the samples be fixed prior to submission to core flow cytometry laboratory? Yes/No** If yesdescribe the fixation protocol in detail, e.g., list concentration and exposure time.

If No give reason.

**Does the sample contain nanoparticles? Yes/No** If yes please outline the neccessary disposal procedure for such samples.

\* Any formal presentations or publications resulting from work performed in the facility should be acknowledged. The facility is funded by SFI and this should also be acknowledged.

\*If input into experimental design, running of samples and analysis of results has been provided then co-authorship should be considered on subsequent papers.

\*Investigators are reminded to include the services of the facility in their grant applications.

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

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