



THE UNIVERSITY OF ARIZONA

College of Medicine

Phoenix

FLOW CYTOMETRY CORE

Biosafety Questionnaire

The Flow Cytometry CORE Laboratory 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 CORE personnel and users is of primary concern. Information about the sample source(s) and potentially infectious agent(s) is critical for effective biosafety measures. Consequently, this Questionnaire must be completed in its entirety and approved by the CORE Director **prior** to starting a new project/experiment. The Questionnaire will be kept on file in the CORE Director's office. It is the responsibility of each user to ensure the information on the Questionnaire is updated as needed. **Please note the CORE facility can only accommodate BSL 1 and some BSL 2 materials. We CANNOT accommodate BSL 3 and above, or select agents.**

PI Name	Phone Number	E-mail Address	Lab (Bldg. & Rm #)
User/Experimenter Name	Phone Number	E-mail Address	Lab (Bldg. & Rm #)

Experiment/Project Summary:

Type of sample and source (i.e. mouse spleen cells, human peripheral blood cells.). For cell lines, describe cell origin:

Human Primate Mouse Rat Bacteria Other _____

Primary Cells (Tissues or fluids taken directly from a donor)

List Tissue(s)/Source(s): _____

Cultured Primary Cells (Primary cells that have been cultured in vitro for any amount of time)

List Tissue(s)/Source(s): _____

<input type="checkbox"/> Cell Line(s). Name(s)/Designation(s) and origin of each cell line to be used:		
Will the samples be treated with any pharmacological agents? If yes what were the agents?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the samples contain any known infectious agent(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, list infectious agents:		
Has the infectious agent been inactivated?		
If yes, describe method of inactivation.		
Were blood cell donors screened for blood-borne pathogens e.g. HIV, HBV, HCV?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, list test results:		
Were the cells transformed using a virus such as EBV, SIV, HTLV-1, HSV-1 or adenovirus?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, list virus:
Were cells genetically engineered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, was a virus (adenovirus, retrovirus, lenti virus, herpes virus, etc.) used in construction of these cell lines? If so, is there any chance the cells contain replicating virus? What was the packaging cell line?		
Have the cells been tested for mycoplasma and/or viral infection (HIV, HBV, SIV, etc)?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, date & results of last test:
Will the samples be fixed prior?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe the fixation protocol, e.g. concentration and exposure time of fixative:		

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

_____/_____/20_____
 Signature (Principal Investigator) Date