**ANNUAL BIOSAFETY QUESTIONNAIRE**

This sample form **must be filled out and signed by the staff member** who will be analysing samples before experiments or projects are started.

It must be checked and signed by their PI.

Staff must inform the Facility Manager if any of the information it contains changes.

Appropriate risk assessment, and approval, of experiments is required before work is undertaken.

**Flow**

**Core**

**Facility**

**The**

**LUMINEX ANALYSIS**

Year: 1st August 2023 - 31st July 2024

**Principal Investigator**

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff member using Instrument:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an existing user having been trained by 3I’s Flow core staff? (Yes/No)

|  |
| --- |
| **Project Title:** |

**SECTION 1: SPECIES**

**From where do your cells of Interest originate?**

|  |  |
| --- | --- |
| Human |  |
| Murine |  |
| Ovine |  |
| Bovine |  |
| Equine |  |
| Avian |  |
| Insect |  |
| Parasite |  |
| Bacterial |  |
| **Other - Give Details** |  |

**SECTION 2: CELL LINES**

**If your cells are a recognised cell line please complete this section then go to section 3:**

|  |  |  |
| --- | --- | --- |
| Cell Name | |  |
| ATCC Catalogue No | |  |
| Suspension Cells | |  |
| Adherent Cells | |  |
| Have they been infected with pathogens? | |  |
| No | YES |  |
| Have they been transformed using any known viral pathogens? | | |
| No | YES |  |

**SECTION 3: PRIMARY HUMAN CELLS**

**Tick to indicate the location from which the cells are taken**

|  |  |  |  |
| --- | --- | --- | --- |
| Whole Blood | | |  |
| Serum | | |  |
| Plasma | | |  |
| PBMC | | |  |
| Buffy Coat | | |  |
| Stromal Lung Tissue | | |  |
| BAL fluid | | |  |
| Colon | | |  |
| Tendon | | |  |
| **Other: Give details** | | |  |
| Were the samples tested for any of the following? | | | |
|  | **YES** | **NO** | |
| HIV |  |  | |
| Hepatitis |  |  | |
| Epstein Barr Virus |  |  | |
| Herpes Virus |  |  | |

**SECTION 4: CELLS KNOWN TO BE INFECTED WITH PATHOGENS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pathogen Type** | Organism Name & Strain | Hazard Class | Fixative Used | Antibiotics  Used |
| Bacterial |  |  |  |  |
| Parasitic |  |  |  |  |
| Fungal |  |  |  |  |
| Viral |  |  |  |  |

**Note. It is the P.I.’s responsibility to insure that the fixation used is suitable to render the samples non-infectious**.

Please give your group relevant COSHH form number \_\_\_\_\_\_\_\_\_\_\_\_\_

Have copies of COSHH forms been submitted to the facility?

Yes \_\_\_\_ No \_\_\_\_

**SECTION 5: ANALYSIS OF GENETICALLY MANIPULATED CELLS**

Have your cells been genetically manipulated?

If the answer is **NO** go to **Section 6.**

If the answer is **YES** then fill in the table below:

|  |  |  |
| --- | --- | --- |
| Did you use a viral vector |  |  |
|  |  |  |
| Did you use a helper virus |  |  |
|  |  |  |
| What is the insert |  |  |
|  |  |  |
| Is it oncogenic |  |  |
|  |  |  |
| Is it replication incompetent |  |  |
| Can it infect human cells |  |  |
| How many times have the cells been passaged |  |  |
|  |  |  |

Please give GMO form number if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_

Have copies of GMO approval documents been submitted to the facility?

Yes \_\_\_\_ No \_\_\_\_

Signature of P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safe use of the Flow Core Facility relies upon co-operation between the Core staff and investigators.**

***IF cell types and/or bio-hazard information change, prior to the next annual survey you have a duty to inform us***

**SECTION 6: BILLING INFORMATION**

All users will be charged £107 per plate. Please specify number of plates at time of booking.

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle Investigator** | **College/Institute** | **Cost Centre** | **Project Code** |
|  |  |  |  |