



Biosafety Questionnaire (Human and Animal Samples)

Researchers bring samples derived from a variety of sources for analysis, and these samples can potentially harbor pathogens capable of transmitting disease. Therefore, please fill out this questionnaire and include as many details as possible. The principal investigator should sign and submit the completed form to the GTC **before** the planned experiment. Once the GTC director approves the form the experiment will be scheduled.

Project Title: _____

Principal Investigator: _____ **E-mail:** _____

Project start and end dates: Start: _____ End: _____

Does this project have a current Institutional Biosafety Committee (IBC) approval?

- Yes.** Attach a copy of IBC approval Letter or IBC protocol number. IBC protocol # _____
- No.** If no, the samples cannot be run until the IBC has approved the study. Questions? Contact the Environmental Health & Safety Office at (573) 882-7018
- Exempt.** (No known infectious agents or exempt from IBC approval)

Briefly summarize the project:

List the origin (tissue) and species of the sample (e.g., mouse spleen cells).

Human Mouse Rat Zebrafish Drosophila Other _____

Primary cells

List species and tissue: _____

Established cell lines

Name of cell line, species, and tissue _____

Has the cell line been transformed by or carry any known viral pathogens?

- Yes No

If yes, provide details: _____

Do the samples contain any known infectious agents or other known human pathogens?

Yes No

If yes, list infectious agents or known human pathogens: _____

Note: The infectious agents/known pathogens and containment method must be listed on your IBC approval letter.

Has the infectious agent been inactivated or rendered non-infectious?

Yes No Not applicable

If yes, describe method of inactivation. Provide proof of inactivation, if applicable.

Have the cells been transformed or genetically engineered using a viral system (e.g., EBV) or recombinant DNA?

Yes No

If yes, has a gene therapy virus been used?

Yes No

Plasmid or viral vector: _____ (e.g., LentiMax)

Details about insert:

Is the insert an oncogene: Yes No

If yes, provide details of insert:

If virus, is it replication incompetent? Yes No

Capacity of virus to infect human cells: _____

Entering your name indicates you have read above questions carefully and certify the information provided to be correct

Name _____ Date (mm/dd/year) _____

Title _____

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COMMENTS

BIOSAFETY LEVEL: _____

APPROVED: Yes ___ No ___ **DATE:** _____

APPROVED BY: _____