



HSCI – Flow Cytometry Core Facility
 Center for Regenerative Medicine
 Massachusetts General Hospital



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Biosafety Assessment – BSL2+Cell Sort Request Form

Purpose: To assess the potential biohazard(s) associated with any material to be sorted using a jet-in-air cell sorter (e.g. FACS Aria). Complete this form for any variation that will need to be considered separately (cell type, pathogen, etc.) Addition of lab members after this has been approved requires an amendment form.

Currently, the instruments and facilities **cannot accommodate any BSL-3 material**. Information about the sample sources and potentially infectious agents is critical for effective biosafety measures. Consequently, this sample information form must be filled out completely and signed by the Principal Investigator who is requesting samples to be analyzed or sorted in the Flow Cytometry Core Facility **before** experiments or projects are started. The same biosafety assessment questionnaire will be kept on file provided none of the information it contains has changed. It is the responsibility of the Principal Investigator to make sure that an up-to-date questionnaire is on file. **Failure to do so may jeopardize future use of the facility.** Any requests to run/sort undocumented samples will be denied.

Partners Institutional Biosafety Committee (PIBC) approval is required for the following material prior to submitting this Form:

- ❖ Primary or established human/non-human primate cell lines, and/or;
- ❖ Infected/transfected/transformed cell lines, and/or;
- ❖ Microorganisms eg., bacteria, virus, fungi, parasite

Please complete and submit this form to the HSCI-CRM Flow Core.

Principal Investigator (PI) Information: (To be completed by PI)

PI Name:

PI Phone:

PI Email:

List of lab members approved for this protocol (additions require an amendment form):

_____	_____
_____	_____
_____	_____

Asterisked (*) items require PIBC approval

Sample Type:

- Human, non-primary*
- Human, primary*
- Non-human primate*
- Mouse
- Other (indicate) _____

Details

Cell/Tissue:

Source/provider:

Transfected/virally transformed?* **Y / N** If yes, identify agent:

Transduced with lentiviral gene vector?* **Y / N** If yes, specify generation:

Microorganism/pathogen likely, or known, to be present in sample?* **Y / N** If yes, please describe:

Have the tissue/blood donors/established cells been screened for the following pathogens?

_HIV _SIV _HepB _HepC _HTLV-1 _HTLV-2 _Herpesvirus simiae

Has this protocol been reviewed by the Institutional Biosafety Committee?

- Yes. IBC approval number _____ Expiration Date _____
- All lab members listed are included on this protocol **Y / N**
- Was sorting included in the protocol? **Y / N**

If the answer to any of these is “no,” the samples cannot be run or sorted until approval is obtained.

For live cell sorting:

- Samples requiring BSL-3 or BSL-4 conditions CANNOT be handled under any circumstances in this facility.
- Cell sorting generates extensive aerosols, so pathogens with aerosol routes of transmission are of particular concern.
- Cell sorting of genetically manipulated cells under BSL-2/BSL-2+ conditions is available. Please describe the details above.
- Safe use of the Flow Cytometry Core Facility relies upon cooperation between the staff and

investigators who use the facility. Thank you for helping in this endeavor. As cell types, pathogens, and/or biohazard information change, update accordingly and re-submit this form or an amendment. Appropriate consultation with Flow Cytometry Core Facility staff needs to occur in a timely manner to ensure the safety of staff and facility users.

PI Affirmation: I have read the above information carefully, and accept responsibility for the accuracy of the information provided on this form.

Signature (Principal Investigator)

Date

Facility Use only

Comments:

Facility Approval # (FAN):

Safety Office:

Facility staff:

Date: