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### Annual Project Based Biosafety Questionnaire

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 the staff and of users of the facility is of ultimate concern. 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 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!** Appropriate biosafety approval of experiments prior to sample submission to the core laboratory is required.

Please send the completed information to Lora Barsky at [lbarsky@med.usc.edu](mailto:lbarsky@med.usc.edu) or mail code 9080. The Flow Core Director will review and respond.

Date:

**Principal Investigator (Laboratory Director):**

Phone:

Fax:

E-mail:

**Investigator (Experimenter):**

Phone:

Fax:

E-mail:

Laboratory Location (Bldg/Rm.):

**Project Title (if any):**

**Project's start date and end date:**

**Has this protocol been reviewed by the Institutional Biosafety Committee?**

☐ **Yes.** Attach a copy of the IBC approval letter

BSL \_\_\_\_\_

IBC approval number \_\_\_\_\_ Approval Date \_\_\_\_\_

☐ **No.** The samples cannot be run or sorted until approval is obtained. Contact the EHS Biosafety office at extension x \_\_\_\_ or email at \_\_\_\_\_

☐ **Exempt** (no known infectious agent or exempt from IBC approval)

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

**List type of sample and source** (i.e. mouse spleen cells, human peripheral blood mononuclear cells, cells from an animal engrafted with human cells, etc.); for cell lines, describe origin.

**Were tissue/blood donors screened for the following pathogens:** HIV ☐, SIV ☐, HepB ☐, HepC ☐, HepD ☐, Herpesvirus simiae ☐, HTLV-1 ☐, HTLV-2 ☐, LCMV ☐, SARS ☐, Mycobacterium tuberculosis ☐ or Mycobacterium bovis ☐ or Neisseria meningitides ☐?

**YES** ☐ **NO** ☐ **UNKNOWN** ☐

Results: Positive ☐ Negative ☐

**Does the sample contain any other known infectious agent(s)?**

**YES\*** ☐ **NO** ☐ **UNKNOWN** ☐ (List agent(s); provide Biosafety Level of agents using classifications as listed in “Biosafety in Microbiological and Biomedical Laboratories”, US Department of Health and Human Services, 4<sup>th</sup> edition (<http://bmbi.od.nih.gov/>); *\*Note the infectious agent(s) must be listed on your IBC approval letter with the proper containment indicated.*

**Has the infectious agent been inactivated?** **YES** ☐ **NO** ☐ **UNKNOWN** ☐ If yes, describe the method of inactivation. Provide proof of inactivation, if applicable.

**Were the cells transformed using a virus such as EBV, HTLV-1, herpes saimiri, or other virus? YES ☐ NO ☐ If yes, list virus.**

**Were cells genetically engineered? YES ☐ NO ☐ How were they genetically engineered?**

**Was a virus (adenovirus, retrovirus, lentivirus, herpes virus, 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? YES ☐ NO ☐ If yes, give date of last test(s) and test(s) results. 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 flow cytometry core laboratory? YES ☐ NO ☐ If yes, describe the fixation protocol in detail, e.g., list fixative, concentration and exposure time.**

**For flow cytometry analysis:**

- All samples for analysis **MUST** be non-infectious and able to be handled under BSL-1 conditions.
- **LIVE** infectious cells and/or **LIVE** genetically manipulated cells are not permitted for analysis on the Cyan ADP or LSRII. It is the Principal Investigator's responsibility to insure that the fixation used is suitable to render the samples non-infectious. Validation may be required of the procedure. For more information on fixation protocols, please contact the operator and/or laboratory director.
- For analysis of potentially infectious materials under BSL-2 conditions, the work can be performed on the FACSaria I or FACSaria II. Please contact the operator and/or laboratory director.
- Samples requiring BSL-3 or BSL-4 conditions **CANNOT** be handled under any circumstances in this facility.

**For live cell sorting:**

- Samples for cell sorting can be handled under either BSL-1 or BSL-2 conditions only. Samples requiring BSL-3 or BSL-4 conditions **CANNOT** be handled under any circumstances in this facility. For BSL-2 sorts, please contact the operator and/or laboratory director for more information.

- 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 conditions is available. Please contact the operator and/or laboratory director for more information. Please note that, for each sort appointment, a separate cell sorting form is required.
- 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 and/or biohazard information change, prior to the next annual survey, this form will be updated accordingly and appropriate consultation with Flow Cytometry Core Facility staff will occur in a timely manner, in order to ensure a maximum level of safety.

I have read the above questions carefully and certify the information to be accurate and complete.

\_\_\_\_\_  
Signature (Principal Investigator)

\_\_\_\_\_  
Date

Facility Use only

Comments:

Approval:

Date: