

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Ronit Dhulia

Title of Project Identification of the Cyclin Responsible for the Activation of Cancer Dependency CDK11

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist:
(All questions must be answered; additional page(s) may be attached.)

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).

NE buffer 3.1, agarose, ethidium bromide, T4 ligase buffer, glycerol, buffer P1, buffer P2, buffer N3, calcium chloride, HBS, chloroquine, Lipofectamine 3000 reagent, P3000 reagent, RIPA buffer, acrylamide, TRIS buffer, SDS, APS, TEMED, methanol, ethanol, bleach, DC Reagent A, DC Reagent S, DC Reagent B, loading dye, TBST
PHAB: Stbl3 E. coli from Thermo Fisher Scientific

2. Identify and assess the risks involved in this project.

Spills - above chemicals can be easily cleaned and when necessary, CSHL Facilities department will be contact for further guidance.

3. Describe the safety precautions and procedures that will be used to reduce the risks.

All experiments will always be done with gloves on, and when necessary eye/face protection. Any spills will be reported to the CSHL Facilities department for instruction on disposal or evacuation. Cancer cell manipulation will be performed in a Biological Safety Hood.

4. Describe the disposal procedures that will be used (when applicable).

All chemicals and items used with them will be disposed as Regulated Medical Waste or down the sink as appropriate.

5. List the source(s) of safety information.

Lab procedure and Cold Spring Harbor Biosafety Training information.

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable):

I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.

Jason Sheltzer
Designated Supervisor's Printed Name

[Signature]
Signature

08/25/19

Date of Review (mm/dd/yy)

Independent Fellow - Cold Spring Harbor Laboratories

sheltzer@cshl.edu

Position & Institution

Phone or email contact information

11 years of Cancer Biology Research, PI of Lab in which student is conducting research

Experience/Training as relates to the student's area of research