# Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, rDNA, fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids.
SRC/IACUC/IBC approval required before experimentation.

Student's Name(s) Juliana Josinsky, Suraj Sharma, and Samantha Tran

Title of Project Maltose-binding Protein (MBP)Fusion Tag Enhances Expression and Solubility of CCDC11 Constructs

**To be completed by the QUALIFIED SCIENTIST/DESIGNATED SUPERVISOR in collaboration with the student researcher(s). All questions are applicable and must be answered; additional page(s) may be attached.**

**SECTION 1: PROJECT ASSESSMENT**

1. Identify potentially hazardous biological agents to be used in this experiment. Include the source, quantity and the biosafety level risk group of each microorganism.
   E.coli expression strains (Origami, BL21 DE3, and ArcticExpress); BSL-1
2. Describe the site of experimentation including the level of biological containment.
   Work with expression strains will be conducted in a BSL-2 laboratory containing appropriate ventilated hoods and biohazard disposal bins.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Appropriate personal protective equipment will be utilized including protective eyewear, nitrile gloves, lab coats, long pants, and closed-toe shoes.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   BSL-1
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   Used culture media will sit in 10% bleach solution prior to disposal to the laboratory sink. Culture plates will be disposed of in designated biohazard bins and routinely collected by Stony Brook EH&S.

**SECTION 2: TRAINING**

1. What training will the student receive for this project?
   Students will receive university directed chemical and biological hazard training as well as lab specific safety training.
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   Biochemist trained in techniques related to protein structural biology and x-ray crystallography.

**SECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES – To be completed by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR - Check the appropriate box(es) below:**

☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will NOT be conducted at a Regulated Research Institution, but will be conducted at a (check one) ☐BSL-1 or ☐BSL-2 laboratory. This study has been reviewed by the local SRC and the procedures have been approved prior to experimentation.

☐ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution and was approved by the appropriate institutional board prior to experimentation; institutional approval forms are attached.
Origin of cell lines:_____ Date of IACUC/IBC approval _____

☑ Experimentation on the microorganisms/cell lines/tissues to be used in this study will be conducted at a Regulated Research Institution, which does not require pre-approval for this type of study. The SRC has reviewed that the student received appropriate training and the project complies with ISEF rules.

**CERTIFICATION – To be SIGNED by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR**

The QS/DS has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above. This study has been approved as a (check one) ☑ BSL-1/ ☐ BSL-2 study, and will be conducted in an appropriate laboratory.

Michael Lake
QS/DS Printed Name

Signature

6/10/19
Date of review (mm/dd/yy)

**SECTION 4: CERTIFICATION – To be completed by the LOCAL or AFFILIATED FAIR SRC**

The SRC has seen this project's research plan and supporting documentation and acknowledges the accuracy of the information provided above.

P. Smith
SRC Printed Name

Signature

1/27/2020
Date of review (mm/dd/yy)