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) Ronit Dhulia

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

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.
   Human cancer cell lines A375, MDA-MB-231, and HCT116 and human embryonic kidney cell line HEKFT: BSL1, from ATCC Stbl3 E. Coli strain: BSL1, from Thermo Fisher Scientific rDNA: primers from IDT cloned into GFP-expressing backbone vector Lentivirus generated in lab - BSL2
2. Describe the site of experimentation including the level of biological containment.
   Tissue Culture Room (McClintock Room 207 at Cold Spring Harbor Laboratories) - Biosafety Level 2
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Disposable lab coats, disposable gloves, and safety glasses will be used. All tissue culture experiments will be conducted inside Nuaire Biological Safety Cabinets Class II Type A/B3 hoods.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   Biosafety Level 2
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   All cultured material is disposed of through aspiration and biological waste containers, and any materials used with virus are cleaned with 10% bleach first, as per lab procedure.

SECTION 2: TRAINING

1. What training will the student receive for this project?
   The student will receive Biosafety training through the Cold Spring Harbor Laboratories Safety Training Department
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   Over one year of experience in this Lab and received full Biosafety training.

SECTION 3: For ALL MICROORGANISMS, CELL LINES 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 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 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: ATCC Date of IACUC/IBC approval 01/16/19

☐ Experimentation on the microorganisms/cell lines/tissues 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 Intel 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.

Jason Shelfer
QS/DS Printed Name

Signature

08/25/19
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.

Raymond Gessner
SRC Printed Name

Signature

1/28/2020
Date of review (mm/dd/yy)