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) Almot Bury Burysuf	
Title of Project Toronto Dishar 1 (or To be completed by the OUALIETED SCIENTISTICS CHATED SI	(s1) as a Mobil to Overme Amis former Board
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 group of each microorganism.	experiment. Include the source, quantity and the biosafety level risk
2. Describe the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the level of biological and the site of experimentation including the site of experimentation and the site o	er - ATCC CNL-2539 lical containment.
3. Describe the procedures that will be used to minimize state from	nal protective equipment, bond type, etc.)
Glass, Cout, Master and goardes and be now	Call as the last of the last o
Just, Cont, Musky and Sozylis and be well of What final biosafety level do you recommend for this project give BSL-2	•
5. Describe the method of disposal of all cultured materials and other	er potentially hazardous biological agents.
1. What training will the student receive for this project?	h Solution orthor bodiesed tisos I bing
Sufficient from los exterience + Safety (barses + Hroun SBU) 2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable). 15 + TS exterience in Gover lips refusion research	
prior to experimentation.	this study will NOT be conducted at a Regulated Research Institution, but will by has been reviewed by the local SRC and the procedures have been approved this study will be conducted at a Regulated Research Institution and upon
Origin of cell lines Date of I	ACUC/IBC approval
Experimentation on the microorganisms/cell lines/tissues to be used in not require pre-approval for this type of study. The SRC has reviewed th rules.	this study will be conducted at a Regulated Research Institution, which does nat the student received appropriate training and the project complies with ISEF
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.	
CHRISTOPHER CLARKE	OS COPTOCK
QS/DS Printed Name	Signature
6/20/19	
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	
Norma Kimmel	The security of the information provided above.
SRC Printed Name	Signature
Date of review (mm/dd/vv)	