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.				
S	udent's Name(s) Jordan Klein			
7	tle of Project Prevalence of Tick-Borne Diseases in Fire Island Deer Ticks			
1	be completed by the QUALIFIED SCIENTIST/DESIGNATED SUPERVISOR in collaboration with the student researcher(s). All lestions are applicable and must be answered; additional page(s) may be attached.			
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. Our laboratory is a BSL-2. Jordan never came into contact with live ticks or any live pathogens. Jordan only worked with extracted nucleic acids from microorganisms. Nonetheless, he learned to work under a class II biosafety cabinet, mostly to protect PCR from contamination. Describe the site of experimentation including the level of biological containment. The laboratory is BSL-2 level, with several class II biosafety cabinets.			
3	Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.). Lab coat and gloves			
	What final biosafety level do you recommend for this project given the risk assessment you conducted? The part of the project that Jordan performed (no live ticks or pathogens) can be table top procedure, but is best done in a biosafety cabinet to protect products from contamination Describe the method of disposal of all cultured materials and other potentially hazardous biological agents. All laboratory waste is disposed of in red biohazard containers.			
S	CTION 2: TRAINING			
1	What training will the student receive for this project? Microscopic tick identification, real-time PCR and qualitative PCR, nested PCR, biosafety and sterile technique training			
2	Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable). PhD in Microbiology			
	ECTION 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES – To be completed by the QUALIFIED SCIENTIST or ESIGNATED SUPERVISOR - Check the appropriate box(es) below: Experimentation on the microorganisms/cell lines/tissues to be conducted at a Regulated Research Institution, but will be conducted at a (sheek one) DESI 1 or D			

SECTIO	ON 2: For ALL CELL LINES MICROOPCANISMS AND TISSUES. To be seen light that the CHALLETER COURT			
DECIC	ON 3: For ALL CELL LINES, MICROORGANISMS AND TISSUES - To be completed by the QUALIFIED SCIENTIST or NATED SUPERVISOR - Check the appropriate box(es) below:			
	Experimentation on the microorganisms (call lines/tissues to be used in this study will NOT be conducted at a Beautated Bases at 1, 10, 15, 1, 10, 10, 10, 10, 10, 10, 10, 10, 10,			
	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.			
Image: section of the	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.			
Or	igin of cell lines: Date of IACUC/IBC approval			
п	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.			
CERTIF	FICATION - 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. 1	his study has been approved as a (check one) BSL-1/ BSL-2 study, and will be conducted in an appropriate laboratory.			
Jorge B	enach VIVe IVe			
QS/DS Printed Name				
1	$\frac{1}{2}$			
Date of	review (mm/dd/yy)			
SECTIO	NA CERTIFICATION. To be consulated but to LOCAL and AFFILIATED FAIR CRO			
SECTIO	DN 4: CERTIFICATION - To be completed by the LOCAL or AFFILIATED FAIR SRC			

The SRC has seen this project's research plan and support of the second	porting documentation and acknowledges the accuracy	of the information provided above.
SRC Printed Name	Signature	<u>.</u>
Date of review (mm/dd/yy)		