## **Human and Vertebrate Animal Tissue Form (6B)**

Required for research involving fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. If the research involves living organisms please ensure that the proper human or animal forms are completed. All projects using any tissue listed above must also complete Form 6A.

Student's Name(s) Arpie Bakhshian

Title of Project The Development of a CRISPR/Cas9 System with Nanoblades in

## To be completed by Student Researcher(s):

☐ Human or other primate established cell lines

☐ Fresh or frozen tissue sample☐ Fresh organ or other body part

■ Primary cell/tissue cultures

□ Blood□ Body fluids

What vertebrate animal tissue will be used in this study? Check all that apply.

2.	Where will the above tissue(s) be obtained. If using an established cell line include source and catalog number. This project involved the use of primary cell lines all obtained from ATCC. The catalog number for the HEK-293T Cells is CRL-11268. The catalog number for Caco2 Cells is HTB-37. The catalog number for Embryonic Stem Cells is SCRC2002.			
3.		of the research institut	tion, the title of the stu	search institution attach a copy of the udy, the IACUC approval number and a tion.
To be completed by the Qualified Scientist or Designated Supervisor:  ☐ I verify that the student will work solely with organs, tissues, cultures or cells that will be supplied to him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were euthanized they were euthanized for a purpose other than the student's research.  AND/OR ☐ I certify that the blood, blood products, tissues or body fluids in this project will be handled in accordance with the standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.				
١	M. Alejandra Gutierrez-Guerrero		Digitally signed by M. Alejandra Gutierrez-Guerrero Date: 2019.12.05 09:49:10 -05'00'	06/26/19
P	rinted Name	Signature		Date of Approval (mm/dd/yy) (Must be prior to experimentation.)
Postdocotral associate		mag2965@	mag2965@med.cornell.edu/6469626316	
Title		Phone/Email	Phone/Email	
Weill Cornell Medicine				
Institution				
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