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) Margarita Bogdanova-Shapkina

Title of Project Endogenous Roles of NT5C2 Identified with Genetic Screening and Treatment Implications

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.
   CUTLL1 (generated at Columbia University -- see Palomero T. et al. Leukemia. 2006 for more information), BE13 (DSMZ #ACC-396), PEER (DSMZ #ACC-6), REH (ATCC® #CRL-8286), 697 (DSMZ #ACC-42), JURKAT (ATCC® #CRL-2900). All cells are BSL 1 or 2.
2. Describe the site of experimentation including the level of biological containment.
   Biology Lab in an academic institution - BSL2
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Gloves, protective eye wear and a lab coat will be worn at all times. Cell culture work will be performed in a biosafety cabinet
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   BSL-2
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   All materials will be disposed of following Columbia environmental health and safety guidelines.

SECTION 2: TRAINING

1. What training will the student receive for this project?
   "Laboratory Safety/Chemical Hygiene/Hazardous Waste Training" and "Bloodborne Pathogen & Biosafety Training" courses at Columbia University Medical Center.
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   6+ years of lab research experience at Columbia University and Bucknell University

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.

Chelsea Dieck — Chelsea Dieck

QS/DS Printed Name — Signature

06/10/19

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.

Matthew Christiansen — [signature]

SRC Printed Name — Signature

06/11/19

Date of review (mm/dd/yy)