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) Chelsea Pan

Title of Project Dysregulation of dopamine-2 receptor with neuronal deficits underlies loss of control in cocaine addiction

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.

   fixed mouse brain tissue from our transgenic Drd2-eGFP BSL-1 mouse line.

2. Describe the site of experimentation including the level of biological containment.

   All experiments were carried out at imaging facility, biomedical engineering department at Stony Brook University including fume hoods and biosafety cabinets.

3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).

   Lab coats and nitrile gloves will be worn at all times. Fume hoods and biosafety cabinets will be used when necessary.

4. What final biosafety level do you recommend for this project given the risk assessment you conducted?

   BSL-1

5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.

   All biohazard agents will be disposed of in red biohazard bags

SECTION 2: TRAINING

1. What training will the student receive for this project?
   The student will receive safety training on a multitude of topics including: paraformaldehyde, proper waste disposal of both chemical and biological samples
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

   7+ yrs of conducting research in basic life science research and neuroimaging labs for neuroscience research.

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:_____ Date of IACUC/IBC approval annual renew: 5/21/19
- ☐ 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.

Kevin Clare
QS/DS Printed Name

Kevin Clare
Signature

5/25/2019
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.

SRC Printed Name

Signature

Date of review (mm/dd/yy)