

Risk Assessment Form (3) Must be completed before experimentation.

Student's Name(s) Ayra Khan

Title of Project SPECIFIC DIWALECTIDE REAGENT JRNAS DECREASE PROLIFERATION AND VIABILITY OF HUMAN OVARIAN CARCINOMA VIA A DICE-DEPENDENT MECHANISM

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist:
(All questions must be answered; additional page(s) may be attached.)

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).

Roswell Park Memorial Institute Medium (RPMI), Fetal Bovine Serum (FBS), optiMEM, RNAiMAX, RNase, Phosphate Buffered Saline (PBS), Trypsin

2. Identify and assess the risks involved in this project.

...the use of hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules). ...the use of hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules). ...the use of hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).

3. Describe the safety precautions and procedures that will be used to reduce the risks.

Throughout the duration at the laboratory, protective gear, including goggles, lab coats, and gloves, along with closed-toed shoes, and pants will be worn. Proper supervision will be present at all times.

4. Describe the disposal procedures that will be used (when applicable).

Hazardous materials will be disposed of in designated waste bins. Biohazards will be disposed of in specified biohazard waste bins, sealed and properly removed.

5. List the source(s) of safety information.

<https://www.northwestern.edu/risk/environmental-health-safety/>
<https://www.msdsolnline.com/sds-search/>

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable):

I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.

Andrea Murmann

Designated Supervisor's Printed Name

Signature

06/28/19

Date of Review (mm/dd/yy)

Northwestern University Feinberg School of Medicine Research Associate Professor

a-murmann@northwestern.edu

Position & Institution

Phone or email contact information

Research Associate Professor in Hematology/Oncology

Experience/Training as relates to the student's area of research