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) Alexis Krayevsky

Title of Project Stimulating Innate Immunity via TLR9 agonist CpG ODN in a Non-Human Primate Model

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.

   Squirrel monkey brain tissue was the biological agent used. The tissue was obtained from the Squirrel Monkey Breeding and Research Resource.

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

   Experimentation was conducted at NYU Langone Health and science builing with a BSL of 2.

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

   To minimize risk, laboratory coat, gloves, and masks were utilized.

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

   A very low risk biosafety level. Alexis wore protective gear and followed protocol when working with hazardous agent

5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   Tissue slides are not disposed of unless glass is broken beyond repair, in which case they are disposed of correctly in a broken glassware box properly disposed of by NYU's sanitation team.

SECTION 2: TRAINING

1. What training will the student receive for this project? **The student will be trained by me and graduate students learning protocol and safety when working with chemicals such as wearing a mask, lab coat, and gloves. She will be taught how to do staining protocols and make various reagents such as buffers, and n how to dispose of chemicals safely, and learn what chemicals can only be used under the fume hood.**
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

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 06/26/19

☐ 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.

Henrieta Scholtzova — QS/DS Printed Name

Henrieta Scholtzova — Signature
Digitally signed by Henrieta Scholtzova
Date: 2019.07.12 19:23:23 -05'00'

07/12/19 — 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.

_____ — SRC Printed Name

_____ — Signature

_____ — Date of review (mm/dd/yy)