

## Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Tristan Tran

Title of Project Examining the Paracrine Effects of Adipose-Derived Mesenchymal Stem Cells in a Bovine Model of Osteoarthritis

**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).

Xylene, Chloroform (~.2 mL), Safranin O, Eosin Y, Hematoxylin, Trizol Reagent

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

Chloroform - Harmful if swallowed, toxic if inhaled, causes skin and eye irritation, damage to organs if subjected to prolonged exposure  
Xylene - Causes skin irritation, harmful if swallowed or inhaled  
Safranin O - Skin irritation, eye damage  
Eosin Y - Eye irritation  
Trizol Reagent - Toxic if swallowed, respiratory irritation, skin burns, damage to organs through prolonged exposure

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

Lab coat, gloves, and safety goggles will be worn in the lab. Any work done with xylene, Trizol, and chloroform will be done under a fume hood. Only a very small amount of chloroform that was necessary to the procedure was used.

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

Chemicals and cells will be disposed in designated containers which are then properly disposed of by Feinstein Institute professionals.

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

Chloroform SDS - LabChem  
Xylene SDS - Holmberg  
Safranin O SDS - LabChem  
Eosin Y SDS - LabChem  
Trizol Reagent SDS - ThermoFisher

**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.

Daniel A. Grande, PhD

Designated Supervisor's Printed Name

Signature

06/26/19

Date of Review (mm/dd/yy)

Professor/AVP, Research Services

Position & Institution

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Phone or email contact information

35+ years of experience in the field of Musculoskeletal research.

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