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) Michelle Li

Title of Project Linarin and Luteolin Elicit Anti-Aβ Cytotoxicity and Inflammation Properties as Novel Treatments for Alzheimer's Disease

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.
   SK-N-SH cells (ATCC, BSL-1), GT1-7 cells (Sigma-Aldrich, BSL-1), RAW264.7 cells (ATCC, BSL-1).
2. Describe the site of experimentation including the level of biological containment.
   Biosafety Level 1.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Use ethanol or bleach to clean the surface of the hood before and after experimentation.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   Biosafety Level 1.
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   Biohazardous container for all the cell culture materials.

SECTION 2: TRAINING

1. What training will the student receive for this project?
   Lab safety rules for cell culture and treatment. Cell culture disposal.
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   20 years of research experience with college and high school students.

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.

Wei Zhu
QS/DS Printed Name

Signature

06/20/19
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.

RAYMOND GEBBNER
SRC Printed Name

Signature

1/10/2020
Date of review (mm/dd/yy)