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) Pardiss Mehrzad

Title of Project The Effects of Chronic Insulin Exposure on Triglyceride Transfer Protein (MTP) Activity and Expression in Adipocytes

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.
   One vial of the 3T3-L1 cell line was purchased from ATCC. The cells are under BSL-1.
2. Describe the site of experimentation including the level of biological containment.
   The NYU-Winthrop Research Lab is under BSL-2.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   All work will be done under the BSL-2 hood. Lab coats and masks, as well as gloves will be used.
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.
   As per lab protocol, materials are placed in the hazardous bin and solutions are vacuumed into waste.

SECTION 2: TRAINING

1. What training will the student receive for this project?
   Cell culture, basic laboratory techniques, and good practices.
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   9-10 years of experience.

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.

Dr. Sujith Rajan — Signature

QS/DS Printed Name

9/3/19

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 Giessner — Signature

SRC Printed Name

10/10/2020

Date of review (mm/dd/yy)