

# Human and Vertebrate Animal Tissue Form (6B)

Required for research involving fresh/frozen tissue (including primary cell lines, human and other primate established cell lines and tissue cultures), blood, blood products and body fluids. If the research involves living organisms please ensure that the proper human or animal forms are completed. **All projects using any tissue listed above must also complete Form 6A.**

Student's Name(s) Deeti Patel

Title of Project Optimizing Hyperswarming Bacterial Plate Assay Serving As a Diagnosis Method For Inflammatory Bowel Diseases

## To be completed by Student Researcher(s):

- What vertebrate animal tissue will be used in this study? Check all that apply.
  - ☒ Fresh or frozen tissue sample
  - ☐ Fresh organ or other body part
  - ☐ Blood
  - ☒ Body fluids
  - ☐ Primary cell/tissue cultures
  - ☐ Human or other primate established cell lines
- Where will the above tissue(s) be obtained. If using an established cell line include source and catalog number.  
obtained under protocols IRB# 2009-446 and 2015-4465
- If the tissue will be obtained from a vertebrate animal study conducted at a research institution attach a copy of the IACUC certification with the name of the research institution, the title of the study, the IACUC approval number and a of IACUC approval.  
n/a

## To be completed by the Qualified Scientist or Designated Supervisor:

- ☒ I verify that the student will work solely with organs, tissues, cultures or cells that will be supplied to him/her by myself or qualified personnel from the laboratory; and that if vertebrate animals were euthanized they were euthanized for a purpose other than the student's research.

### AND/OR

- ☐ I certify that the blood, blood products, tissues or body fluids in this project will be handled in accordance with the standards and guidance set forth in U.S. Occupational Safety and Health Act, 29CFR, Subpart Z, 1910.1030 - Blood Borne Pathogens.

Sridhar Mani

Printed Name

Sridhar Mani

Signature

06/30/19

Date of Approval (mm/dd/yy)  
(Must be prior to experimentation.)

MD

Title

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Phone/Email

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Institution