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.

Stu	dent's Name(s)	Sari Strizik	
Title of Project Neuronal HMGB1 Facilitates the Inflammatory Response via Increased Release of Proinflammatory Cytokines			
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.			
1.	group of each micro	y hazardous biological agents to be used in this e	experiment. Include the source, quantity and the biosafety level risk other ongoing study at Feinstein.
2.	Describe the site of	of experimentation including the level of biologic	
3.	Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.). Student will wear proper protective equipment at all times when working with hazardous materials.		
4.	What final biosafety level do you recommend for this project given the risk assessment you conducted?  Biosafety Level 2		
5.	Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.  All hazardous materials along with any pipette tips, flasks, etc. will be disposed of via the proper channels for hazardous waste.		
1. 2.	General safety	the student receive for this project?  / information training, previous summing of Designated Supervisor as it relates to the st	er experience udent'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		
	Experimentation not require pre-	n on the microorganisms/cell lines/tissues to be used in tl -approval for this type of study. The SRC has reviewed tha	his study will be conducted at a Regulated Research Institution, which does at the student received appropriate training and the project complies with ISEF
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) ② BSL-1/ 图 BSL-2 study, and will be conducted in an appropriate laboratory.			
Huan Yang Huan Mans			
QS/DS Printed Name Signature Signature			
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.			
P. Schoolt		A	Jan William Di Vided above.
SRC Printed Name Signature			Signature
Date of review (mm/dd/ss)			