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) Ronit Dhulia

Title of Project Identification of the Cyclin Responsible for the Activation of Cancer Dependency CDK11

To be completed by Student Researcher(s):

1. 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

2. Where will the above tissue(s) be obtained. If using an established cell line include source and catalog number.

   A375 (Human Melanoma Cell Line) - ATCC CRL-1619
   MDA-MB-231 (Human Breast Cancer Cell Line) - ATCC HTB-26
   HCT116 (Human Colon Cancer Cell Line) - ATCC CCL-247
   HEKFT (Human Embryonic Kidney Cell Line) - ThermoFisher Scientific R70007

3. 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.

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.

Jason Sheltzer — Printed Name

Signature

08/25/19 — Date of Approval (mm/dd/yy) (Must be prior to experimentation.)

Independent Fellow — Title

sheltzer@cshl.edu — Phone/Email

Cold Spring Harbor Laboratories — Institution

Cold Spring Harbor Laboratory
P.O. Box 100, 1 Bungtown Road
Cold Spring Harbor, New York 11724

DATE:	January 16, 2019
TO:	Jason Sheltzer, PhD
FROM:	Cold Spring Harbor Laboratory IBC
PROJECT TITLE:	[817518-4] Identification of genomic features affecting survival duration in cancer
IBC REGISTRATION #:	IBC-2015-006
SUBMISSION TYPE:	Amendment/Modification
ACTION:	APPROVED
APPROVAL DATE:	January 16, 2019
EXPIRATION DATE:	October 20, 2019
REVIEW TYPE:	Full Committee Review

Dear Dr. Sheltzer,

Thank you for your submission of Amendment/Modification materials for this research project. The Cold Spring Harbor Laboratory IBC has APPROVED your submission. All research must be conducted in accordance with this approved submission.

Approved Amendment Biosafety Level(s):

- Use of CRISPR with lentivirus in cell lines at BSL-2+.

Previously approved Biosafety Level(s):

- Standard cloning and bacterial transformations at BSL-1.
- Tissue culture transfections and ecotropic retroviral work at BSL2.
- Amphotropic retroviral and lentiviral work at BSL-2+.
- All modified cell lines injected into mice should be treated as potentially oncogenic and conducted at BSL-2+.
- This approval covers viral growth only. A separate IACUC approval form exists for work in whole animals.

Comments:

- **All BSL-2+ waste generated MUST be autoclaved prior to disposal.**
- ***All personnel working with virus, working with animals injected with the virus, or who potentially could be exposed to the virus must undergo virus training through CSHL's EH&S.***
- ***SOPs (on file with EH&S) for viral handling, animal handling and cleaning of microscopes and injection equipment must be followed.***
- ***Any modifications to this research project must be submitted in writing and approved by the Laboratory's IBC before initiation.***

- ***Modifications would include addition of personnel to the project, changes in vectors, cloned genes, recipient cells and/or animals, or changes in the bio-safety risk level.***

Please report all NON-COMPLIANCE issues regarding this project to this committee.

This project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure.

If you have any questions, please contact Julie Sutherland at (516) 367-8883. Please include your project title and CSHL IBC reference number (IBC-2015-006) in all correspondence with this committee.

PRINCIPAL INVESTIGATOR STATEMENT

1. I have read the relevant portions of the current NIH Guidelines for Research Involving Recombinant DNA Molecules accessed at http://www4.od.nih.gov/oba/rac/guidelines/guidelines.html and the CSHL policy concerning the use of rDNA and infectious agents in research.
2. I agree to abide by the NIH Guidelines and the CSHL policy concerning the use of recombinant DNA and infectious agents in research.
3. I agree to register all use of recombinant DNA with the CSHL Institutional Biosafety Committee (IBC).
4. I understand that I must notify the IBC of any changes in protocol that increase the biosafety level required to perform the experiment. This includes new vectors, new vector/host systems or changes in cloned inserts.
5. I agree to notify EH&S of any new lab personnel requiring BSL-2 or BSL-2+ training.
6. As principal investigator, I accept responsibility for the safe conduct of work with recombinant DNA material in my laboratory. I will ensure that all personnel receive training in regard to proper safety practices and personal protective equipment needed for this work.