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) Mary Sotiryadis

Title of Project Bloodborne thrombin promotes the death of murine lymph node fibroblastic reticular cells

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.
   Tissue (lymph nodes) from healthy lab mice, 3-4 sets, Biosafety Level 1
2. Describe the site of experimentation including the level of biological containment.
   Hospital for Special Surgery Research Institute, Room 710, BSL-1
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Gloves and lab coats, class II laminar hood for cultures of cells from tissue
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.
   Following SOPs in accordance with that of the Weill Cornell Environmental Health and Safety Program

SECTION 2: TRAINING

1. What training will the student receive for this project?
   Required institutional Biosafety Training and specific training in tissue culture experiments
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   Over 20 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.

Theresa Lu MD, PhD, June 25, 2019
QS/DS Printed Name

Signature

06/25/19
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.

SRC Printed Name

Signature

Date of review (mm/dd/yy)