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) Cheryl Chang

Title of Project Suggesting possible function of CABP1B3 and establishing a connection between CABP1B3 absence and the onset of Autism Spectrum Disorder

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.

   No BSL2 or higher reagents were used for these experiments. Plasmids purchased from Addgene (pCAG-mGFP #14757) were electroporated into the mice. These mice were purified from bacteria. The student was not involved in plasmid generation or mouse work, and just received slides already sectioned from previous experiments

2. Describe the site of experimentation including the level of biological containment.

   n/a

3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).

   Hair net, gown, and gloves were used whenever mice were handled. Lab coat and gloves were used during expeirmental procedures in lab. The student was not involved in these procedures.

4. What final biosafety level do you recommend for this project given the risk assessment you conducted?

   BSL1

5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.

   Biohazard bags and autoclave by institution for mice remains. Bacteria used to generate plasmids were disposed of with bleach.

SECTION 2: TRAINING

1. What training will the student receive for this project?

   Student received training in confocal microscopy.

2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

SECTION 3: For ALL MICROORGANISMS, CELL LINES 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 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 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 1/9/2019

☐ Experimentation on the microorganisms/cell lines/tissues 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 Intel 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.

Rachel Babij
QS/DS Printed Name

Rachel Babij Digitally signed by Rachel Babij Date: 2019.09.24 17:33:14 -04'00'
Signature

09/24/19
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)