

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) Jonah Thomas

Title of Project The Effects of P57KIP2 Down Regulation via Lentiviral shRNA Knockdown of CDKN1C (P57KIP2 Expression Gene) on the Glucocorticoid Dexamethasone's Function in Culture Peripheral-Blood Derived CD34+ Cells

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.

293TN Cells - System Biosciences LV900A-1
Peripheral blood units - New York Blood Center
- 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 copy 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.

Ryan Ashley

4/28/19

Printed Name

Signature Ryan Ashley

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

Doctoral Student

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Title

Phone/Email

Feinstein Institutes for Medical Research

Institution