Potentially Hazardous Biological Agents Risk Assessment Form (6A)

Required for research involving microorganisms, DNA, 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) Asha Rath

Title of Project Assessing the Pathological Effect of Maternal Malnourishment and Fetuin-B on Placental Tissues

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.

Tissues from murine placentas; BSL-1

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

New York Medical College: BSL-1

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

Personal protective equipment (PPE) will be used: Lab coat, gloves, eye protection

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.

As directed for EHS, biological waste will be disposed of in biological waste receptacles and then removed from the lab by EHS

SECTION 2: TRAINING

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

Training on the procedures for sectioning of tissues, immunostaining, imaging, taking pictures of tissues under a microscope, quantification using Image J

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

Postdoc training with 10 years lab experience

SECTION 3: For ALL CELL LINES and MICROORGANISMS – To be completed by the QUALIFIED SCIENTIST or DESIGNATED SUPERVISOR – Check the appropriate box(es) below:

☐ Experimentation on the cell line/microorganism used in this study was NOT conducted at a Regulated Research Institution, but was 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 cell line/microorganism used in this study was 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: HTR-8/SVneo (ATCC, CRL-3271) Date of IACUC/IBC approval (mm/dd/yy) 06/13/19

☐ Experimentation on the cell line/microorganism used in this study was 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.

Brian Ratliff
QS/DS Printed Name

Brian Ratliff
Signature

6/27/19
Date of review (MM/DD/YYYY)

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/YYYY)