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) Jonathan Leung

Title of Project Detection of Amyloid Plaques Targeted by USPIOs and ARIA Evaluation in a Non-Human Primate Model of Sporadic Cerebral Amyloid Angiopathy (CAA)

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.

   Squirrel Monkey fixed brain tissue was the biological agent used.

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

   The laboratory was approved for work at Biosafety Level 2, but the student did not come in contact with

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

   Protective clothing, masks, and gloves were utilized. Several cell culture hoods were used as well when

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

   Very low risk. Jonathan wore protective gear and followed protocol when working with hazardous chemi

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

   Slides are not disposed unless the glass has been broken beyond repair, in which they are disposed of

SECTION 2: TRAINING

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

   The student was trained in all protocols necessary for his project

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

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 06/26/19

☐ 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.

Henrieta Scholtzova
QS/DS Printed Name

11/01/19
Date of review (mm/dd/yy)

Henrieta Scholtzova
Signature

Digitally signed by Henrieta Scholtzova
Date: 2019.11.25 19:34:06 -05'00'

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.

Karen Hughes
SRC Printed Name

Karen Hughes
Signature

06/18/19
Date of review (mm/dd/yy)