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) Sumaiyah Khwaja

Title of Project Enhanced Mitochondrial Reductive Stress and Cell Death Observed Via the Synergistic Effect of Glucose Starvation and Ceftriaxone/N-acetylcysteine Treatment on Human Glioma 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.
   667 Human Glioblastoma Cell Line originally established at MSKCC and gifted to the Cantley Laboratory at Weill Cornell Medicine.
2. Describe the site of experimentation including the level of biological containment.
   BSL-2 containment is required. A properly ventilated hood with UV sterilization technologies will be used.
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Closed toed shoes, lab coats, nitrile gloves, long pants, goggles, and BSL-2 cabinet will be used.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   BSL-2
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   All biological waste will be disposed of in designated waste bins and will be routinely collected by the Weill Cornell Medicine Environmental Health and Safety Department.

SECTION 2: TRAINING

1. What training will the student receive for this project?
   Student will receive lab specific protocol training as well as any biological or chemical training relating to the study.
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   Several years experience in cellular and molecular biology.

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.

Evan Noch
QS/DS Printed Name

Evan N Noch
Signature

07/01/19
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.

P. Schmitt
SRC Printed Name

Signature

1/27/2020
Date of review (mm/dd/yy)