Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Sari Strizik

Title of Project Neuronal HMGB1 Facilitates the Inflammatory Response via Increased Release of Proinflammatory Cytokines

To be completed by the Student Researcher(s) in collaboration with Designated Supervisor/Qualified Scientist:
(All questions must be answered; additional page(s) may be attached.)

1. List all hazardous chemicals, activities, or devices that will be used; identify microorganisms exempt from pre-approval (see Potentially Hazardous Biological Agent rules).

   I will be working with mouse tissue and disulfide HMGB1. Nonbiological hazards that I will be working with including various buffers/washes/antibodies for ELISAs and Western Blots, PBS, and UV rays from the fume hood.

2. Identify and assess the risks involved in this project.

   Mouse tissue is from possibly diseased animals, which could be harmful to the researcher. Various buffers/washes/antibodies for ELISAs and Western Blots and PBS may be a skin and/or eye irritant as well as toxic if swallowed. UV Rays are a known carcinogen.

3. Describe the safety precautions and procedures that will be used to reduce the risks.

   I will follow all proper safety precautions in order to prevent any damage from occurring. This includes wearing a lab coat, gloves, goggles, long pants, and close-toed shoes at all times in the laboratory. All surfaces will be cleaned with the use of ethanol spray in order to prevent contamination. Experimentation with any hazardous chemicals will be performed in a fume hood, which will be kept in highly sterile conditions. All harmful wastes will be disposed of properly.

4. Describe the disposal procedures that will be used (when applicable).

   All hazardous chemicals will be disposed of via the proper channels for hazardous waste. All used pipette tips, flasks, etc. in contact with these chemicals will be disposed of as though they are hazardous waste as well.

5. List the source(s) of safety information.

   msds.com

To be completed and signed by the Designated Supervisor (or Qualified Scientist, when applicable):
I agree with the risk assessment and safety precautions and procedures described above. I certify that I have reviewed the Research Plan/Project Summary and will provide direct supervision.

Huan Yang	Huan Yang	6/20/19
Designated Supervisor's Printed Name	Signature	Date of Review (mm/dd/yy)

Associate Professor Feinstein Institute	hyang@northwell.edu
Position & Institution	Phone or email contact information

Multiple papers/publications on HMGB1

Experience/Training as relates to the student's area of research