

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Asma Rasheed

Title of Project An Omics Approach to Identify Model-agnostic Disease-driving Nodes in AKI: Implications for Drug Development

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).

Chemicals in the cDNA Reverse Transcription Kit (Qiagen, Cat #: 204054); • Buffer RLT • Buffer RPE • Buffer RW1

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

Chemicals are harmful if swallowed, and may cause skin irritation or eye damage and can be harmful to aquatic life with long lasting effects. Gloves, goggles and body protection must be worn

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

Proper PPE (gloves, safety goggles, lab coats, fume hood) will be used.

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

All waste will be collected by Angion Biomedica and be properly disposed according to EPA, OSHA, and Angion's policies

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


- SDS from ThermoFisher Scientific
- SDS from Qiagen

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.

Prakash Narayan, PhD

Designated Supervisor's Printed Name


Signature

6/24/2019

Date of Review (mm/dd/yy)

VP- Preclinical Research

Position & Institution

516-326-1200

Phone or email contact information

28 years in public and private labs

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

Angion Biomedica Corp.
PHS Approved Animal Assurance A4532-01
NOTICE OF DECISION

TO: Latha Paka, PhD

DATE: 12/09/2016

FROM: Prakash Narayan, PhD
Chair, IACUC

SUBJECT: Animal Care Committee
Protocol Status

Protocol Number: 2016-004

Previous Protocol Number:

Protocol Name: Models of Acute Kidney Injury

Principal Investigator: Latha Paka, PhD

Date of IACUC Review: 12/09/2016

Your protocol is **Approved**

Expiration Date (Approval is valid until): **12/08/2017 (+ renewable for 2 yrs)**

PLEASE NOTE : PROTOCOLS ARE NOT APPROVED UNLESS AN EXPIRATION DATE IS INDICATED ABOVE!

Modifications:

Prakash Narayan

Prakash Narayan, PhD
Chair, IACUC

Explanation:

APPROVED: Protocol is approved as of the date of review. Valid for 3 years subject to annual renewal/progress report approval.

MODIFICATIONS REQUIRED TO SECURE APPROVAL: Protocol will be approved upon receipt, review and final approval of any modifications requested. This includes modifications listed on this form and/or requests made directly to the PI by reviewer of Committee member.

Modifications must be received within 3 months of original review or you will be required to resubmit the entire protocol for full Committee re-review.

DEFERRED: Protocols must be revised and resubmitted to the committee for re-review at the next meeting.

REJECTED: protocol did not meet guidelines and/or regulations.

WITHDRAWN: Principal Investigator withdrew protocol.

ANY MODIFICATIONS OR REVISIONS MUST EITHER BE IN BOLD LETTERING OR UNDERLINED AND INCORPORATED INTO THE REVISED PROTOCOL.