

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) Poojan Pandya and Leo Takemaru

Title of Project CCDC11 Acts as a Scaffold to Assemble the ESCRT Membrane-Scission Machinery at Viral Budding Sites for HIV-1 Release: Identifying a Novel Therapeutic Strategy for Antiviral Therapy

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.
American Type Culture Collection (ATCC, HBT-96) (BSL-2); American Type Culture Collection (ATCC, CCL-2) (BSL-2); E.Coli DH5alpha, BSL-1
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.).
Goggles, closed-toes shoes, lab coats, nitrile gloves, 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 Stony Brook University Environmental Health and Safety Department

SECTION 2: TRAINING

1. What training will the student receive for this project?
Students will participate in Stony Brook University Biological and Chemical Hazard Safety Training Course prior to beginning work in the lab. Additionally, students will receive lab-specific protocol training
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
10+ years experience in developmental, 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.

Dr. Feng-Qian Li

QS/DS Printed Name

06/01/19

Date of review (mm/dd/yy)

fengqianli

Signature

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.

Mana P. Archdeacon

SRC Printed Name

1/28/20

Date of review (mm/dd/yy)

Mana P. Archdeacon

Signature