

## Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) James Zheng

Title of Project Microbiome Composition and Environmental pH Modulate the Behavioral Effects of SSRIs in Larval Zebrafish (Danio rerio)

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).
  - HEPES buffer
  - Tris buffer
  - SSRIs: sertraline, citalopram, fluoxetine
  - Gnotobiotic zebrafish media (GZM): contains antibiotics (amphotericin B, kanamycin, ampicillin)
2. Identify and assess the risks involved in this project.
  - HEPES: respiratory irritant if inhaled
  - Tris: may cause skin, eye, or respiratory irritation
  - SSRIs used in subclinical concentrations
  - Amphotericin B: may cause skin, eye, or respiratory irritation
  - Kanamycin: may cause skin, eye, or respiratory irritation
  - Ampicillin: may cause skin or respiratory irritation
3. Describe the safety precautions and procedures that will be used to reduce the risks.

Wear PPE: goggles, gloves, lab coat
4. Describe the disposal procedures that will be used (when applicable).
  - agar plates used for contamination checks disposed of in biohazard waste
5. List the source(s) of safety information.
  - HEPES: <https://www.fishersci.com/store/msds?partNumber=BP3105&productDescription=HEPES+5KG&vendorId=VN00033897&countryCode=US&language=en>
  - Tris: <https://www.caymanchem.com/msds/400080m.pdf>
  - Amphotericin B: <https://www.caymanchem.com/msds/11836m.pdf>
  - Ampicillin: <https://www.caymanchem.com/msds/14417m.pdf>
  - Kanamycin: <https://www.caymanchem.com/msds/15321m.pdf>

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.

Irvin Huang

Designated Supervisor's Printed Name

Signature

06/27/2019

Date of Review (mm/dd/yy)

Doctoral Researcher, Stony Brook Univ.

Position & Institution

(631) 632-4818

Phone or email contact information

Main supervisor/Mentor

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