

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) Megha Gopal

Title of Project Investigating Substrate Mechanics and ALD TIO2 for DPSC Differentiation

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.
Dental Pulp Stem Cells, obtained from the Department of Oral Biology and Pathology, School of Dental Medicine, Stony Brook University, NY, USA, Level 2
2. Describe the site of experimentation including the level of biological containment.
Biological Laboratory at Stony Brook University's Heavy Engineering Building--BSL-2 containment
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
Biosafety Level 2 Cabinet used, wear lab coat and gloves, also chemical fume hood was used for staining and spin casting with hazardous chemicals.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
Level 2
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
disposed in labeled bio hazard bags, removed by EH&S on a schedule.

SECTION 2: TRAINING

1. What training will the student receive for this project?
Student will take courses on hazardous waste use and disposal as well as BSL-2 and chemical hood use and blood borne pathogen safety
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).

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 20076778
- ☐ 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.

miriam rafailovich

QS/DS Printed Name

1/24/2019

Date of review (mm/dd/yy)

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.

SRC Printed Name

Signature

Date of review (mm/dd/yy)