Risk Assessment Form (3) Must be completed before experimentation.

Student's Name(s) Nina Su		
Title of Project Identification of	Novel Modulators of mT	ORC2 Activity
	-	
To be completed by the Student F (All questions must be answered; add	Researcher(s) in collaborate ditional page(s) may be attack	tion with Designated Supervisor/Qualified Scientist: ned.)
Lorentially Liazardonz Biological W	gent rules).	; identify microorganisms exempt from pre-approval (see
Dulbecco's modified eagle medium (I (pH 7.5), Triton X-100, Protease, Pho HEPES pH 7.5, MS-grade trypsin	DMEM), 1X Penicillin-Streptomyo osphatase, TBST buffer, HRP- co	cin, 10% Fetal bovine serum (FBS), Tris-HCl Stock Solution onjugated secondary antibody, Anti-FLAG sepharose,
at all times. All listed chemicals have the r	will be used. This includes gloves, g fazardous chemicals will be properly risk of skin and eve initation. Addition	oggles, aprons, closed-toe shoes, and long pants. Hair will be tied disposed of in designated bins. Proper supervison will be provided hally, Anti-FLAG sepharose is a Flammable liquid and vapour and d be washed throughly and eye protection should be worn at all
3. Describe the safety precautions and	i procedures that will be used t	o reduce the risks
Saftey precautions must be taken times. This includes, gloves, apro	n when handling chemicals an	d appropriate protective attire must be worn at all ag pants. Long hair should be tired back and no lose sed of in designated bins. Proper supervison will be
4. Describe the disposal procedures th	at will be used (when applicabl	e).
All chemical and biological v	vaste will be disposed of	in designated waste bins and will be Cancer Center Enviornmental Health and
5. List the source(s) of safety informati	ion.	
www.msds.com https://careers.mskcc.org/ca		il-health-and-safety/
Plan/Project Summary and will provide	ETV DIECALITIONS and procedures	(or Qualified Scientist, when applicable): s described above. I certify that I have reviewed the Research
Christopher Warren	hi l	6/25/19
Designated Supervisor's Printed Na	me Signature	Date of Review (mm/dd/yy)
Postdoctoral Reseracher MSK0	cc	warrenc@mskcc.org/212-639-8547
Position & Institution		Phone or email contact information
PhD in Biochemistry, experience	e with all relevant techni	Ques, mentored multiple students previously

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