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) Lauren Kitts

Title of Project The Effect of Diet on Immune Cells in Humanized Gnotobiotic Mice Colonized...

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.
   Cultured microbes from human fecal matter,mouse tissue (GI tissue,lymph nodes)- from 24 mice BSL 2
2. Describe the site of experimentation including the level of biological containment.
   Biosafety cabinet for mouse work, benchtop for tissue proccessing
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
   Biosafety cabinet use, PPE- gloves, gown, hair net, shoe cover,
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
   2
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
   sharps container, biohazard bins for other tissue

SECTION 2: TRAINING

1. What training will the student receive for this project?
   Safety training, mouse training by Mount Sinai
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
   previous work in Faith lab

SECTION 3: For ALL MICROORGANISMS, CELL LINES 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 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 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 6/18/19

☐ Experimentation on the microorganisms/cell lines/tissues 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 Intel 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.

Sophia Sin
QS/DS Printed Name

Signature

7-10-19
Date of review (mm/dd/yy)

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)