

Risk Assessment Form (3)

Must be completed before experimentation.

Student's Name(s) Pardiss Mehrzad

Title of Project The Effects of Chronic Insulin Exposure on Triglyceride Transfer Protein (MTP) Activity and Expression in Adipocytes

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).
IBMX, Insulin, Dexamethasone, Rosiglitazone, Oil Red-O dye, Isopropanol, Protease Inhibitor Cocktail (PIC).
2. Identify and assess the risks involved in this project.
Chemicals that are hazardous (i.e. eye irritation, flammable skin irritation) may be used but necessary precautions are being taken to overcome that.
3. Describe the safety precautions and procedures that will be used to reduce the risks.
Wearing gloves and a lab coat at all times; using 70% ethanol to sanitize the materials being used; when doing experiments, all work will be done under the hood.
4. Describe the disposal procedures that will be used (when applicable).
Needles and glass will be placed into the hazardous bin. All excess and unnecessary solutions will be aspirated into the waste. All other materials (i.e. Falcon Tubes and pipette tips) will be placed into a non-hazardous bin.
5. List the source(s) of safety information.
Biological industries: Safety Data Sheet
ThermoFisher Scientific: Safety Data Sheet
Cayman Chemical: Safety Data Sheet
MilliporeSigma: Safety Data Sheet

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.

Dr. Sujith Rajan

Designated Supervisor's Printed Name

Signature

09/03./19

Date of Review (mm/dd/yy)

Post-Doc.

sujith.rajana@nyulangone.org

Position & Institution

Phone or email contact information

9-10 years of experience in this field

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