

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) Drisana Shanthan

Title of Project Synthesis and Cancer Cell Cytotoxic Studies of Styryl Benzylsulfone

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.
A549 (Lung cancer cell line), source: homo sapien, quantity: unknown, biosafety level: BSL-1, From ATCC # CCL-185
2. Describe the site of experimentation including the level of biological containment.
Icahn School of Medicine at Mount Sinai (Oncological Department- Labatory), Biological Containment Level: BSL-2
3. Describe the procedures that will be used to minimize risk (personal protective equipment, hood type, etc.).
All work with chemicals are performed under a fume hood, must always use protective clothing, must recieve orientation and training on basic safety lab procedures before working.
4. What final biosafety level do you recommend for this project given the risk assessment you conducted?
BSL-2: involving human diseases, moderate health hazard, restricted access, low risk
5. Describe the method of disposal of all cultured materials and other potentially hazardous biological agents.
All solid waste must be disposed inside of autoclavable waste bags and biohazardous waste containers, liquids must be either treated with disinfectant or placed in a closed collection vessel inside a secondary container for collection.

SECTION 2: TRAINING

1. What training will the student receive for this project?
Orientation, Lab Safety, Mount Sinai Volunteer Online Courses
2. Experience/training of Designated Supervisor as it relates to the student's area of research (if applicable).
Over 40 years of drug research

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 _____
- ☒ 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.

Ramana Reddy
QS/DS Printed Name

[Signature]
Signature

07/24/19
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.

Matthew Christiansen
SRC Printed Name

[Signature]
Signature

07/25/19
Date of review (mm/dd/yy)