



Advanced Light Microscopy Core

120 Bond Life Sciences Center
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Telephone: (573) 882-4895
<https://research.missouri.edu/Advanced-Light-Microscopy>

MU Biosafety Questionnaire (Human, Animal and Bacterial Samples)

Research core facilities are multi-user laboratories that offer services to investigators both on and off campus. Researchers bring samples derived from a variety of sources for analysis at the ALMC, and these samples can potentially harbor pathogens capable of transmitting disease. Therefore, please fill out this questionnaire and include as many details as possible. The principal investigator should sign and submit the completed form to the ALMC **before** the planned experiment. Once the form is approved by ALMC staff, the experiment will be scheduled.

Project Title: _____

Principal Investigator: _____ **Phone #:** _____ **E-mail:** _____

Project start and end dates: Start: ___/___/___ (mm/dd/year) End: : ___/___/___ (mm/dd/year)

Does this project have a current Institutional Biosafety Committee (IB) approval?

- Yes.** Attach a copy of IBC approval Letter or IBC protocol number. IBC protocol # _____
- No.** If no, the samples cannot be run until the IBC has approved the study. Questions? Contact the Environmental Health & Safety Office at (573) 882-7018
- Exempt.** (No known infectious agents or exempt from IBC approval)

Briefly summarize the project:

List the origin (tissue) and species of the sample (e.g., mouse spleen cells).

- Human Mouse Rat Zebrafish Drosophila Bacteria Other _____

Primary cells

List species and tissue: _____

Established cell lines

Name of cell line, species, and tissue _____

Has the cell line been transformed by or carry any known viral pathogens?

- Yes No

If yes, provide details: _____

Will this experiment require the use of any hazardous chemicals?

- Yes No

If yes, please specify: _____

Do the samples contain any known infectious agents or other known human pathogens?

Yes No

If yes, list infectious agents or known human pathogens: _____

Note: The infectious agents/known pathogens and containment method must be listed on your IBC approval letter.

Has the infectious agent been inactivated or rendered non-infectious?

Yes No Not applicable

If yes, describe method of inactivation. Provide proof of inactivation, if applicable.

Will the samples be fixed prior to cryosectioning or examination by widefield or confocal microscopy?

Yes No

If yes, describe the fixative and exposure time _____

Note: All human samples **MUST** be fixed prior to cryosectioning.

Have the cells been transformed or genetically engineered using a viral system (e.g., EBV) or recombinant DNA?

Yes No

If yes, has a gene therapy virus been used?

Yes No

Plasmid or viral vector: _____ (e.g., LentiMax)

Details about insert: _____

Is the insert an oncogene: Yes No

If yes, provide details of insert: _____

If virus, is it replication incompetent? Yes No

Capacity of virus to infect human cells: _____

Entering your name indicates you have read above questions carefully and certify the information provided to be correct

Name

Title

Date (mm/dd/year)

FOR ALMC USE ONLY

COMMENTS

BIOSAFETY LEVEL: _____

APPROVED: Yes ___ No ___ **DATE:** _____

APPROVED BY: _____