



# Molecular Cytology Core

120 Bond Life Sciences Center  
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<https://research.missouri.edu/mcc/>

## 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 MCC, 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 MCC **before** the planned experiment. Once the form is approved by MCC 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 (IBC) 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 MCC USE ONLY**

**COMMENTS**

**BIOSAFETY LEVEL:** \_\_\_\_\_

**APPROVED:** Yes \_\_\_ No \_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_