



Project Safety Questionnaire

For the safety of researchers and staff, all projects conducted in the facility must be approved in advance by the center director. Please complete and submit this form to Doug Harrison (DoughH@uky.edu) at least 72 hours in advance of submitting samples. Services cannot be provided until this application has been approved.

(NOTE: If your project involves only cells that have been sorted by the UK Flow Cytometry Core, you may substitute the UK Flow Cytometry Biosafety Questionnaire from the project.)

Project Title:

PI:

Phone:

Email:

Department:

Project Contact (if not PI):

Contact Email:

IBC Approval Number for Project: IBC Approval Date:

1. Biosafety level of submitted samples: BSL1 BSL2 BSL2+ Other:

2. Species source of cells to be processed:

If source is human:

a. Is this a clinical sample? Yes No

b. Is IRB approval required? Yes No If yes, IRB approval #

3. Does the sample contain any known or suspected infectious agents?

If yes, describe:

4. Have the cells been transduced with a virus? Yes No

If yes: a. What virus?

b. Minimum time between transduction and cell harvesting for preparation:

c. Minimum number of cell washes performed between transduction and cell harvesting:

d. Is the virus replication competent? Yes No

5. Are the cells genetically engineered? Yes No

If yes:

a. What genes/sequences were inserted?

b. Are inserted genes/sequences oncogenic or affect cell proliferation? Yes No

c. Are inserted genes/sequences hazardous to humans? Yes No

d. How were genes introduced? Plasmid Viral vector

Other:

6. Have the cells been combined with radioisotopes? Yes No

(Note that we cannot process any samples with radioisotopes.)

PI Certification:

I have read the above questions carefully and certify that the information provided is correct.

PI Signature

Date: