



**UK FLOW CYTOMETRY CORE FACILITY**

**Biosafety Questionnaire**

**ALL PROJECTS** involving services by the Flow Cytometry Core Facility must receive prior approval by the facility director before samples can be analyzed and/or sorted. Adequate biosafety of lab personnel in the core facility can only be achieved if we are fully aware of the biohazardous nature of samples that arrive in the facility. This form must be filled out completely and sent to Jamie Sturgill, Ph.D., Director ([jlstur0@uky.edu](mailto:jlstur0@uky.edu)). Services cannot be provided until this application has been reviewed and approved by the director. Additional information may be requested before approval can be considered. Please allow at least one week for the review and approval process to be completed.

<b>Date:</b>	
<b>Principal Investigator</b>	
Phone number:	
Fax number:	
E-mail:	
<b>Project Investigator:</b>	
Phone Number:	
Fax Number:	
E-mail:	
<b>Laboratory Location</b> (Building and Room)	
<b>Project title (if any):</b>	
<b>Summary or description of Overall Project objectives.</b>	
IBC Authorization Number:	
<b>Briefly describe below the cells you will be submitting to the facility:</b>	
<ul style="list-style-type: none"> <li>• <b>species of origin</b> (human, mouse, etc.) _____</li> <li>• <b>tissue source</b> (spleen, kidney, blood, etc.) _____</li> <li>• <b>tissue condition</b> (normal, diseased, infected) <u>describe:</u> _____</li> <li>• <b>if human, were the subjects screened for health status?</b>    <b>Yes</b>            <b>No</b>                If yes, list test results.</li> </ul>	

<b>Does the sample contain any known infectious agent(s)?</b> <b>Yes</b> <b>No</b> List agent(s) AND Biosafety Level as listed in "Biosafety in Microbiological and Biomedical Laboratories"			
<b>Has the infectious agent been inactivated?</b> <b>Yes</b> <b>No</b> <b>Not applicable</b>			
<ul style="list-style-type: none"> <li>• If yes, describe method of inactivation.</li> <li>• If no provide rationale for not inactivating.</li> </ul>			
<b>Were blood cell donors screened for bloodborne pathogens?</b> <b>Yes</b> <b>No</b> <b>Not applicable</b>			
<ul style="list-style-type: none"> <li>• If yes, list test results, positive and negative.</li> </ul>			
<b>Could the sample contain any other biohazards?</b> Biohazards are substances known to contain, or are reasonably expected to contain, pathogenic microorganisms (bacteria, viruses, rickettsiae, parasites, fungi) or other agents such as prions, which can cause disease in humans or animals. <b>Yes</b> <b>No</b>			
<ul style="list-style-type: none"> <li>• If yes, list agent(s).</li> </ul>			
<b>Were the cells transformed using a virus (EBV, SIV, HIV-1, herpes virus, adenovirus, etc.)?</b> <b>Yes</b> <b>No</b>			
<ul style="list-style-type: none"> <li>• If yes, list virus.</li> </ul>			
<b>Were cells genetically engineered?</b> <b>Yes</b> <b>No</b>			
If yes, answer the questions below. <ul style="list-style-type: none"> <li>• What genes were inserted? _____</li> <li>• Are the inserted genes oncogenic?    <b>Yes</b>        <b>No</b></li> <li>• Are the inserted genes biohazardous to humans?    <b>Yes</b>        <b>No</b></li> <li>• What was the method of gene introduction?    <b>Plasmid</b>        <b>Viral vector</b>        <b>Other</b>        (describe below)</li> </ul>			
<b>Will the samples be fixed prior to submission to flow cytometry facility?</b> <b>Yes</b> <b>No</b> Describe the fixation reagent, concentration and exposure time.			
<b>I have read above questions carefully and certify the information provided to be correct.</b>			
_____ <b>Signature (Principal Investigator)</b>			_____ <b>Date</b>