



FACS FACILITY BIOLOGICAL PROJECT REGISTRATION

SECTION I.

USER CONTACT INFORMATION (PLEASE PRINT)

User's Full Name:

Email:

Lab/Employer Name:

Check one: Academia Industry

Cell #:

Work #:

INSTITUTIONAL BIOSAFETY COMMITTEE APPROVAL

IBC approval is required for the following materials prior to submitting this form:

- Primary or established human/non-human primate cell lines, and/or;
- Infected/transfected/transformed cell lines, and/or;
- Genetically modified organisms, and/or;
- Microorganisms (e.g., bacteria, virus, fungi, parasite)

Biological Project Number:

Date Last Renewed:

SECTION II.

CELL ORIGIN AND HISTORY

Cell or Tissue Origin (check one)

 Mouse Human Non-human Primate Humanized Mouse Other:

Primary Human Cells? (Additional Paperwork Required)

 Yes No

Do the samples contain known infectious agents? (Additional Paperwork Required)

 Yes No

If Yes, specify

Have infectious agents been inactivated?

 Yes No

If Yes, how?

Established human cell line?

 Yes No

If Yes, what is its origin and how long has it been in culture?

Were these cells derived from a genetically modified animal?

 Yes No



CELL ORIGIN AND HISTORY (CONTINUED)		
Were the cells transformed using a virus? (e.g. EBV, SV-40, J2, vectors carrying a known human oncogene)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list virus:		
Were the cells genetically modified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was gene editing used (e.g. CRISPR/Cas9)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were exogenous genes transferred into the cells?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any of these genes oncogenes or toxins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a virus used to introduce DNA or RNA? (e.g. adenovirus, adeno-associated virus, vaccinia, retrovirus, lentivirus)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, list virus:		
Was the viral preparation shown to be free of replication-competent virus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SECTION III.

USER ACKNOWLEDGEMENT

My signature below verifies that I accept responsibility for the accuracy of the information provided on this form.

Name (print):

Date:

Signature:

SECTION IV.

HAZARD TYPE (FLOW CYTOMETRY SAFETY OFFICER USE ONLY)

BSL1

BSL2

BSL2 with enhanced precautions

BSL3

Approved by:

Name:

Date:

Signature