

## Flow Cytometry Biosafety Form

This form must be filled out complete and signed by the principal investigator. Please attach all additional information then drop off in Room 905 in the Flow Cytometry box before the scheduled flow run.

Are the materials and methods including the use of flow cytometer and the samples to be sorted approved by the IBC (Texas A&M IBT or other institution)?

Yes \_\_\_ Please attach the approval letter.

No \_\_\_ Briefly explain \_\_\_\_\_

Samples that are being used to "test" or developed assays and do not have or do not require IBC approval might require approval from the Biosafety Officer.

Is the sample of human origin?

Yes \_\_\_

No \_\_\_

Please attach Product Description if cell line came from cell banks such as ATCC.

Was the sample screened for the following pathogens: HIV, HTLV, Hepatitis, HHV, Mycobacteria (TB), and Meningococci?

Yes \_\_\_ Results \_\_\_\_\_

No \_\_\_ Briefly explain \_\_\_\_\_

Were the cells transformed using a viral vector?

Yes \_\_\_ Name of viral vector \_\_\_\_\_

Source of vector \_\_\_\_\_

Name of packaging cell line \_\_\_\_\_

Has the viral preparation been shown to be replication incompetent?

Yes \_\_\_

Viral preparation that has not been tested for replication will not be accepted.

No \_\_\_

Are there exogenous genes integrated into the cells to be sorted?

Yes \_\_\_ List the gene(s) \_\_\_\_\_

Are any of the genes oncogenes, apoptotic, or pathogenic genes?

Yes \_\_\_ Which one(s)? \_\_\_\_\_

No \_\_\_

No \_\_\_

Please describe any additional biohazard concerns that might be associated with this sample when run through a flow cytometer. \_\_\_\_\_  
\_\_\_\_\_

By signing below, you, the requester and the principal investigator have given all the information regarding the biohazard potential associated with the sample(s).

Requester \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_