The Research Insitute at Nationwide Childrens Hospital

Flow Cytometry Core Lab

Sort Sample Biosafety Questionnaire

(required for each and every sort protocol)

Sort Date TBD_____

Give a detailed description of your sample including species, primary or cultured, infected etc.

_____

_____

_____

_____

Contact Information

PI: _____ Investigator: _____

Phone: _____ Phone: _____

Lab Department/Location: _____

Do you have IBCSC approval to sort this sample? ☐ Yes ☐ No IBCSC Approval #_____

Please answer the following questions about your sample.

1) Is the sample of human or non-human primate origin?

☐ Human ☐ Non-human primate ☐ No (proceed to #2)

Was the sample screened for any of the following pathogens: HIV, SIV, HepB, HepC, HepD, Herpesvirus simiae, HTLV-1, HTLV-2, LCMV, Sars, Mycobacteriom tuberculosis, Mycobacterium bovis or Neisseria meningitides?

☐ Yes ☐No ☐ Unknown

Results of the screening: _____

_____

2) Were the cells obtained from an experimentally infected animal?

☐ Yes ☐ No (Proceed to #3)

Pathogen:_____

Is the infectious agent inactive or has it been rendered non-infectious or replication deficient?

☐ Yes ☐ No

If yes method/date:_____

3) Were the cells transformed with a virus or infected with a microorganism?

☐ Yes ☐ No (proceed to #4)

Pathogen: _____

Is the infectious agent inactive of has it been rendered non-infectious or replication deficient?

☐ Yes ☐ No

If yes method/date:_____

4) Were the cells genetically engineered in any way other than viral transformation?

☐ Yes ☐ No

If so, describe: _____

_____

5) Has the sample been tested for Mycoplasma infection?

☐ Yes (date/result: _____) ☐ No

6) Does the sample donor harbor or do you have any reason to believe the sample donor harbors any of the following pathogens: HIV, SIV, HepB, HepC, HepD, Herpesvirus simiae, HTLV-1, HTLV-2, LCMV, SARS, Mycobacterium tuberculosis, Mycobacterium bovis or Neisseria meningitides?

☐ Yes ☐ No ☐ Unknown

7) Are the cells fixed?

☐ Yes ☐ No ☐ Unknown

If so, describe: _____

_____

Based on all information available to me, I certify that the answers to these questions are accurate and complete.

_____ **Signature** _____ **Date**