

# Biosafety Questionnaire

## Samuel Lunenfeld Research Institute Flow Cytometry Core Facility

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Coordinator, Annie Bang, Phone: XXXXXXXXXXXXXXXX (office)

Sample ID:  Cell type

Sort date/time:

Principal Investigator  Phone:  e-mail

Investigator:  Phone:  e-mail

If sample meets BSL-2 classification continue with questionnaire .  BSL-1  BSL-2

For help with classification visit Public Health Agency Canada<[WWW.absa.org/riskgroups/](http://WWW.absa.org/riskgroups/)>

Is this sample of human origin?  Yes  No

If yes Was the sample screened for any of the following pathogens: HIV, SIV, HepB, HepC, HepD, Herpesvirus simiae, HTLV-1, HTLV-2, LCMV, SARS, Mycobacterium tuberculosis or Mycobacterium bovis or Neisseria meningitidis ?  positive  Negative  Unknown

Were the cells transformed with a virus? yes No Virus?

If yes is the infectious agent inactive or has it been rendered non-infectious or replication deficient?  yes  no

Method

Were the cells genetically engineered in any way other than viral transformation? yes No

Describe:

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

Have any aspects of the system (e.g. cell type, vectors, transformation, etc) changed since your project was approved?  Yes  No If yes please provide details of change

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

Signature of supervisor:

Date: