MCW Cancer Center Redox & Bioenergetics Shared Resource (CCRBSR)

Biosafety Disclosure Form

Office Use Only

BSL-1 | BSL-2

Sample Description

Cell Type(s)	Cells adherent/primary culture?	Yes ☐	No ☐
Human ☐	Name of Cell Type(s):		
Non-Human Primate ☐			
Mouse ☐			
Rat ☐	Is this cell type tested for human pathogens?	Yes ☐	No ☐

Cell Type(s)	Clinical Sample?	Yes ☐	No ☐
Human Blood Products ☐	Name of Cell Type(s):		
Purified Cell Extracts ☐			
Microorgainism ☐			
Protein/Peptide/Liposome ☐			
Other ☐	Is this cell type tested for human pathogens?	Yes ☐	No ☐

rDNA/Transformed with Viral Vector?		Yes ☐	No ☐
If "Yes":	Lentivirus ☐		
	Adenovirus ☐		
	AAV ☐		
	MicroRNA ☐		
	Other ☐		

Describe method and generation of rDNA/viral vector as well as any special precautions that needs to be taken:

Infected with Pathogen or Infectious Agent?	Yes ☐	No ☐

If "Yes" list pathogen(s) and/or infectious agent(s) as well as any special precautions that needs to be taken:

Use of Any Hazardous Chemicals?	Yes ☐	No ☐

If "Yes" list chemicals as well as any special precautions that need to be taken. Designate where and who will be handling these chemicals. Safety Data Sheets (SDS) for each chemical used need to be provided. Please check to see if your agent is a particularly hazardous substance. https://infoscope.mcw.edu/EHS/Biological-Safety/Select-Agents-Toxins

TheMCW Cancer Center Redox & Bioenergetics Shared Resource (CCBSR) provides expertise in cellular metabolism analysis. A diverse range of samples from multiple users are analyzed, including potentially infectious materials. This form needs to be accurately filled out so we know how to safely process your sample. We use the Biosafety in Microbiological & Biomedical Laboratories (BMBL) as a guide to perform the risk assessment on your sample. Your cooperation in providing the above information is greatly appreciated so that we are able to safely process your sample in a timely manner. **Once approved, samples in closed containers transported in secondary containment may be submitted for analysis.**

Administrative Information

Principal Investigator (PI):		Other Lab Contact(s)	Phone/Email
Name			
Phone			
Fax			
Email			
Institution			
Department			

Project Information

Date	
Title	
IBC Protocol # Approval Date	
IBC Title	
Approval Letter	

Please provide a description of the goals of your proposed experiment.

Please indicate any sample processing steps that will be performed in the Center other than routine instrument analysis of already processed samples (e.g. sample resuspension, dilution, centrifugation).

Principle Investigator Disclosure Information

Principle Investigators are responsible for accurate disclosure of sample information. Approval is required **PRIOR** to sample submission to the center to allow for the necessary safety precautions. Biosafety Disclosure Forms will be evaluated promptly upon receipt to prevent delay of experimentation. Additional documentation may be requested prior to sample approval. **Please contact Monika Zielonka, at 414-955-4059 in room MFRC 2013 with any questions regarding this form.**

I have carefully read the Biosafety Disclosure Form and certify the information provided to be correct.

Signature of Principle Investigator Date