**TEMPLE UNIVERSITY FLOW FACILITY HAZARD ASSESSMENT FORM** Date:

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| **Instructions:** Please complete the following two pages and email to David Ambrose (tud38015@temple.edu) before each flow analysis of new biohazard agent and before each cell sorting. If multiple users are from the same lab, each end user still needs a separate form.  |

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| --- | --- |
| End User Name:       | Phone:       |
| TU ID:       | AccessNet Username:       |
| Lab PI Name:       By writing PI’s name, PI is responsible for correction of the form |

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| **Protocols that cover proposed work:** |
| Protocol# | Brief Title: | Approval Date |
| IBC #:       |       |       |
| IACUC #:       |       |       |

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| **Project Specific Details:** 1. Fixed samples? [ ]  Yes [ ]  No2. Need to be sorted? [ ]  Yes [ ]  No3. Species of origin and type of cells:      For human samples, were the donors screened for bloodborne pathogens? [ ]  Yes [ ]  No. Please go to 4.If Yes, any pathogen it may contain?[ ]  None [ ]  HIV [ ]  HCV [ ]  HBV [ ]  Other,      Has the infectious agent been inactivated? [ ]  Yes, describe method:       [ ]  No [ ]  Unknown Please note: Sorting of non-fixed human cells must be done on the Influx sorter.4. Do the cells carry infectious agents such as bacteria, virus, fungi, parasites, etc.? [ ]  Yes, please list:       [ ]  No5. Were the cells genetically engineered? [ ]  Yes [ ]  NoIf yes, how were they engineered? Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus, etc.)? Give a brief description.      6. Assigned containment: [ ]  BSL-1 [ ]  BSL-2 [ ]  BSL-2 enhanced7. Preferred instruments: [ ]  Aria sorter [ ]  Influx sorter [ ]  LSR-II [ ]  Calibur |
| **Brief description of the project (including purpose and procedures):**      |

**Office Use Only**

Acceptable facility: [ ]  Aria Room (MRB 547A) [ ]  Influx Room (MRB 547B)

 [ ]  Calibur (MRB 547) [ ] LSR-II (MRB 547)

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**Summary:**

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| IBC Protocol Number |       |       |       |       |
| Description of CellsName or Description |       |       |       |       |
| Fixed? (Yes or No) |       |       |       |       |
| Infected or Modified? (Yes or No) |       |       |       |       |
| Agent/Vector Description |       |       |       |       |
| BSL Level |       |       |       |       |
| Instrument Designate |       |       |       |       |

**Office Use Only**

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| David Ambrose | Thomas Rogers | Thomas Rogers | EHRS Reviewer |
| Manager of the Flow Facility | Director of the Flow Facility | IBC Chair | EHRS |
| 2-7709, tud38015@temple.edu | 2-3215, rogerst@temple.edu | 2-3215, thomas.rogers@temple.edu | ehrs@temple.edu |
| Signature       Date       | Signature       Date       | Signature       Date       | Signature       Date       |

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