**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](mailto: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. |

|  |  |
| --- | --- |
| 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  No  2. Need to be sorted?  Yes  No  3. 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:        No  5. Were the cells genetically engineered?  Yes  No  If 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 enhanced  7. 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 Cells  Name 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](mailto:tud38015@temple.edu) | 2-3215, [rogerst@temple.edu](mailto:rogerst@temple.edu) | 2-3215, [thomas.rogers@temple.edu](mailto:thomas.rogers@temple.edu) | [ehrs@temple.edu](mailto:ehrs@temple.edu) |
| Signature  Date | Signature  Date | Signature  Date | Signature  Date |

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