**ANNUAL BIOSAFETY QUESTIONNAIRE**

This sample form **must be filled out and signed by the staff member** who will be analysing samples before experiments or projects are started.

It must be checked and signed by their PI.

Staff must inform the Facility Manager if any of the information it contains changes.

Appropriate risk assessment, and approval, of experiments is required before work is undertaken.

**Flow**

**Core**

**Facility**

**The**

 **FLOW CYTOMETRIC CELL SORTING**

 Year: 1st August 2021 - 31st July 2022

 **Principal Investigator**

 Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Staff member using Flow Cytometers:**

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you an existing user having been trained by 3I’s Flow core staff? (Yes/No)

Are you on the approved Expert User list, which permits you to work outwith normal core working times (Yes / No)

|  |
| --- |
| **Project Title:** |

**SECTION 1: SPECIES**

**From where do your cells of Interest originate?**

|  |  |
| --- | --- |
| Human |  |
| Murine |  |
| Ovine |  |
| Bovine |  |
| Equine |  |
| Avian |  |
| Insect |  |
| Parasite  |  |
| Bacterial |  |
| **Other - Give Details** |  |

**SECTION 2: CELL LINES**

**If your cells are a recognised cell line please complete this section then go to section 3:**

|  |  |
| --- | --- |
| Cell Name  |  |
| ATCC Catalogue No |  |
| Suspension Cells |  |
| Adherent Cells |  |
| Have they been infected with pathogens? |  If YES go to section 3 |
| No | YES |  |
| Have they been transformed using any known viral pathogens? |
| No | YES | If YES go to SECTION 4 |

**SECTION 3: PRIMARY HUMAN CELLS**

 **Tick to indicate the location from which the cells are taken**

|  |  |
| --- | --- |
| Whole Blood |  |
| Serum |  |
| Plasma |  |
| PBMC |  |
| Buffy Coat |  |
| Stromal Lung Tissue |  |
| BAL fluid |  |
| Colon |  |
| Tendon |  |
| **Other: Give details**  |   |
| Are these cells from donors confirmed by PCR testing to be SARS-Cov-2 Negative? |
|  **NO** |  **Yes**  |
| Were the samples tested for any of the following? |
|  |  **YES** |  **NO** |
| HIV |  |  |
| Hepatitis |  |  |
| Epstein Barr Virus |  |  |
| Herpes Virus |  |  |

**SECTION 4: CELLS KNOWN TO BE INFECTED WITH PATHOGENS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pathogen Type** | Organism Name & Strain | Hazard Class  | Fixative Used  | AntibioticsUsed  |
| Bacterial  |  |  |  |  |
| Parasitic  |  |  |  |  |
| Fungal  |  |  |  |  |
| Viral  |  |  |  |  |

**Note. It is the P.I.’s responsibility to insure that the fixation used is suitable to render the samples non-infectious**.

Please give your group relevant COSHH form number \_\_\_\_\_\_\_\_\_\_\_\_\_

Have copies of COSHH forms been submitted to the facility?

 Yes \_\_\_\_ No \_\_\_\_

**SECTION 5: ANALYSIS OF GENETICALLY MANIPULATED CELLS**

Have your cells been genetically manipulated?

If the answer is **NO** go to **Section 5.**

If the answer is **YES** then fill in the table below:

|  |  |  |
| --- | --- | --- |
| Did you use a viral vector |  |  |
|  |  |  |
| Did you use a helper virus |  |  |
|  |  |  |
| What is the insert |  |  |
|  |  |  |
| Is it oncogenic |  |  |
|  |  |  |
| Is it replication incompetent |  |  |
| Can it infect human cells |  |  |
| How many times have the cells been passaged |  |  |
|  |  |  |

Please give GMO form number if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_

Have copies of GMO approval documents been submitted to the facility?

Yes \_\_\_\_ No \_\_\_\_

Signature of P.I. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Safe use of the Flow Core Facility relies upon co-operation between the Core staff and investigators.**

***IF cell types and/or bio-hazard information change, prior to the next annual survey you have a duty to inform us***

 **SECTION 6: BILLING INFORMATION**

Before completing this section please refer to the 3I’s Flow Core Facility charges document on our web pages.

**Gold Bench Fee**

*Only complete this section if you are a GOLD bench fee holder. This requires an annual payment of £500 for FACS access (plus £6\*/hr for consumables) exclusive to 3I users. The gold bench fee is charged monthly at 1/12th of the annual rate.*

|  |  |  |
| --- | --- | --- |
| **Principle Investigator** | **College/Institute** | **Cost Centre** |
|  |  |  |

**Silver Bench Fee**

*You will pay the basic charge of £45\*/hr for analysis and £75\*/hr for cell sorting plus £6\*/hr for consumables.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Principle Investigator** | **College/Institute** | **Cost Centre** | **Project Code**  |
|  |  |  |  |

*\*correct as of August 2020 but maybe subject to change, PIs will be informed of any change to charging system*