



UNIVERSITY of TORONTO

**FLOW CYTOMETRY BIOHAZARD CLEARANCE FORM – (PLEASE TYPE)**

The Faculty of Medicine Flow Cytometry Facility is a multi-user facility that analyses and/or sorts samples from various sources. There is currently only one instrument in the facility that is operated at Biosafety Level II. All other instruments are operated at Biosafety Level I. The safety of staff and users of the facility is of ultimate concern; therefore, information regarding sample sources and infectious agents is critical for effective Biosafety risk assessment.

External users are required to obtain HAZARD CLEARANCE approval from the University of Toronto's Biosafety Office prior to applying for use of the facilities

**A-** Principal Investigator \_\_\_\_\_ Personnel No. \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_ Rank/ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Telephone (Lab) \_\_\_\_\_ Telephone (home) \_\_\_\_\_

**B-** Member Performing Expt \_\_\_\_\_ Personnel No. \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_ Rank/ Position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email: \_\_\_\_\_

Telephone (office) \_\_\_\_\_ Telephone (Lab) \_\_\_\_\_ Telephone (home) \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Anticipated start and conclusion dates of experiment:** \_\_\_\_\_ to \_\_\_\_\_

**Description of Project** (Provide details related to cells {eg. name, species origin that will be analyzed or sorted} please limit to one paragraph):

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**Has this project been reviewed by the Institutional Biosafety Committee for human material or for cells of animal origin?** Yes  No

If yes, please give the BS level assigned and provide documentations.

**Does the sample contain any known infectious agents?** Yes  No  Unknown

If yes, please list the agents.

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**Are these samples of human origin?** Yes  No

If yes, were the donors screened for bloodborne pathogens (HIV, etc.)? Yes  No

**Has the infectious agent been inactivated ?** Yes  No  Unknown  Not Applicable

If yes, describe the inactivation method.

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**Were the cells transformed using a virus such as EBV, HTLV-1, etc.?** Yes  No

If yes, list virus.

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**Were the cells genetically engineered?** Yes  No

If yes, how were they engineered? Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus, etc.) List the virus and give a brief description of the system used.

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## M – SIGNATURES

The Principal Investigator, staff member performing the experiment and the Institution's Biosafety Officer must sign below:

As the **Principal Investigator** on this project, I declare that I am familiar with all my legal obligations for working with biological agents and that the above describes my research program, insofar as this includes the use of biological agents/toxins and materials, in its entirety. I will ensure that all procedures performed under the project will be conducted in accordance with all relevant University, provincial, national and international policies and regulations that govern research involving biological agents and toxins. Any major deviation from the project as originally approved will be submitted to the Biosafety office for approval prior to its implementation.

\_\_\_\_\_  
Principal Investigator Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As the **Biosafety Officer**, I am aware of the proposed activity. The staff member will follow all relevant University, provincial, national and international laws, regulations and best practice that govern research utilizing biological agents/toxins.

\_\_\_\_\_  
Name of Biosafety Officer (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As the **Researcher performing the experiment**, I declare that I am familiar with all relevant University, provincial, national and international laws, regulations and best practices that govern research utilizing biological agents/toxins.

\_\_\_\_\_  
Name of Researcher (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Biosafety Office Use Only

Select and Circle: AP (Approved); CA (Conditionally Approved);

### Biosafety Office Use Only

RS (Review and Resubmit)

AP or RS

AP or CA or RS

Conditions and Comments:

\_\_\_\_\_  
University Biosafety Officer

\_\_\_\_\_  
University Biosafety Committee  
Chair or Appointee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### Biosafety Office Use Only

Approval No.

Cont. Level

Expiry Date