



FACILITY REGISTRATION FORM

REGISTRANT'S CONTACT INFORMATION:

| | | |
|------------------------|------------------------|---|
| | | |
| Last Name: | First Name: | University Status: (Grad, Under Grad, Staff) |
| Institution/Department | Lab Address: | Student or Personnel #: |
| Phone Number (Lab): | Cell Phone (Optional): | |
| | | |
| Email Address: | | |

SUPERVISOR OR PRINCIPAL INVESTIGATOR'S INFORMATION:

| | | |
|-----------------|------------------------|------------|
| | | |
| Last Name: | First Name: | Job Title: |
| Department: | Phone Number (Office): | |
| Office Address: | | |
| | | |
| Email Address: | | |

FINANCIAL ADMINISTRATOR/ASSISTANT CONTACT INFORMATION:

| | | |
|----------------|------------------------|------------|
| | | |
| Last Name: | First Name: | Job Title: |
| Department: | Phone Number (Office): | |
| | | |
| Email Address: | | |

Facility Contact Information:

Dionne White, FCF Manager
Flowcytometry.msb@utoronto.ca
Phone: 416 978 6524

Tania Watts, FCF Director
Email: tania.watts@utoronto.ca
Phone: 416 978 4551



PAYMENT INFORMATION:

- You will receive bi-monthly statements for all work performed for your laboratory within the facility.
- Your staff members have access to their billing record through their personal BookMyLab profiles with our facility and you may access this information at any time.
- You will also receive billing summaries two weeks prior to payment processing for you to review and dispute should you have any comments or concerns.
- The fund information provided below will be used strictly to process payments after the two week review period is over.
- If there are no concerns and we do not hear from you regarding your statement, we will debit the accounts numbers given below.
- Payments will be processed through our automated billing program and directly uploaded the FIS system.
- For NSF accounts we will contact you directly via email to arrange for alternate fund information.

Please fill in all applicable fields:

| | | | | | |
|--|--|-------|----|--------------|--|
| Does your lab already have an account with us? | | Yes | No | | |
| Cost Fund Centre: | | Fund: | | Cost Centre: | |
| Grant Name: | | | | | |

ACKNOWLEDGMENTS:

I understand that as the Principal Investigator I will be responsible for all charges incurred by my personnel within the facility, and that the facility operates on a fee for service basis - all rates are posted on the Facility's website <http://flowcytometry.utoronto.ca/equipment/services/>

As Principle Investigator I authorize the training of and/or analysis of experiments by my staff member(s) _____ within the University of Toronto's Faculty of Medicine Flow Cytometry Facility.

INITIAL

I authorize the use of the fund information given above by the Faculty of Medicine Flow Cytometry Facility for recover fees for services rendered until such time as I close my Flow Cytometry Facility account or the Fund numbers are changed/updated.

INITIAL

SIGNATURE:

INITIAL

Principle Investigator

Date

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CONTAINMENT LEVEL 2 – MEMORANDUM OF UNDERSTANDING

In accordance with the University of Toronto Biosafety Policies and Procedures Manual, I understand that the Faculty of Medicine Flow Cytometry Facility located at room 7226 Medical Sciences Building, functions mainly as a **Containment Level 2+ Facility**. I have read, understand, and will comply with the University of Toronto’s Biosafety Policies and Procedures Manual, Biosafety training course, PHAC Laboratory Biosafety Guidelines and any other applicable regulations or standards (e.g. CFIA) when working in this area.

All unfixated biological agents and materials of Risk Group 2 or higher must be analyzed under Level 2 containment conditions. There are two instruments located inside biological safety cabinets for use at Level 2 Containment and are solely operated by trained Facility Staff members. Otherwise, all level 2/2+ samples must be fixed prior to bringing to the lab. The analysis instruments in rooms 7226 and 7238 may be used with BSL1 safety precautions.

Please acknowledge the following with your initials or indicate (N/A) where not applicable.

- When in the laboratory Personal Protective Equipment must be worn i.e. lab coat and gloves , closed toe and closed heel shoes _____
Initial
- When using the Level 1 analyzers all samples of Risk group 2 or higher must be fixed prior to bringing them to the lab. _____
Initial
- I have been trained on the use of and know the exact location of the eyewash, safety shower, fire exit, spill kit and first aid kits. _____
Initial
- I will notify my supervisor or his/her designate, and the Biosafety Officer, of any accident or exposure incident, and will also complete required forms immediately <http://www.ehs.utoronto.ca/resources/wcbproc.htm> _____
Initial
- I will notify my supervisor or his/her designate, and the Biosafety Officer, of any violations of safety requirements, or any release of materials to the environment. I will cooperate fully in any investigation of these matters. _____
Initial
- I know that if I have a medical condition, including a suppressed immune system, or if I have a medical concern, I must seek advice from the University’s Occupational Health medical doctor by calling 416-978-4476. _____
Initial
- A copy of the MSDS for each pathogenic agent, requiring greater than Level 1 containment, will be provided to the Facility AND if the agents in use change the new MSDS will be provided. _____
Initial

Biosafety Information:

| | | |
|---|---------------|-------------------------------|
| Biosafety Certificate Number (U of T Labs Only): | | |
| Cell Types and biological agents used (list all that apply): | Agent: | Inactivation Protocol: |
| | | |
| | | |

SUPERVISOR AUTHORIZATION:

I understand that I am responsible for obtaining biosafety approval for all work conducted in the facility by my staff/trainees and that changes in biosafety certificate status must be declared to FCF staff.

SIGNATURES:

| | |
|-------------------------------|-------------|
| Principle Investigator | Date |
| Facility User | Date |

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ROOM ACCESS REQUEST

Your existing Building Access card will be updated to include access to the Flow Cytometry Laboratories (7226 MSB), (7238 MSB) or both depending on the instrument platforms for which training is provided. Clients who come to the Facility for operator provided services (cell sorting/data acquisition/data analysis/consultation) will not be given key card access, but will be allowed entry for their appointments by an operator.

| | | | | | | | |
|---|--|-----|----|---|-----|------|------------------|
| Name: | | | | Personnel Number: | | | |
| Do you already have a building access card? | | YES | NO | UTOR ID: (DOB if no UTORID) | | | |
| Existing Card Number: | | | | Card Type: | MSB | CCBR | Other (Specify): |
| After Hours Access Required (MS_Perimeter): | | YES | NO | Approximate Date for Study Completion (Expiry): | | | |

Non Building Access Card Holders: An access card will be provided to you. The fee is **15\$** and will be charged to your FCF account. You will be notified by the Facility Manager when your card is ready.

Existing Card Holders: Prices are determine by Campus Police and subject to change. Current charges for adding additional accessis \$3, \$7.50 for reprogramming.

Change in Employment Status: Should your employment status change, your access card must be returned to William Hsia (Room 7207 MSB) for the decommissioning of your key.

USER AND PRINCIPLE INVESTIGATOR ACKNOWLEDGMENT:

I understand the Faculty of Medicine Flow Cytometry Facility is a secure location and that my access card will not be shared with any others person:

.....
Initial

I will not allow unauthorized users into the Facility without express permission from the Facility Manager.

.....
Initial

Facility User (Signature)

Email Address

Date

Principle Investigator Name

PI Signature

Date

FACILITY AUTHORIZATION AND PAYMENT INFORMATION:

ROOM AUTHORIZATION

7226 MSB

7238 MSB

DIONNE WHITE (FCF MANAGER):

DATE:

ADMINISTRATIVE USE ONLY

PAYMENT INFORMATION

CC

CFC

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