TEMERTY FACULTY OF MEDICINE
UNIVERSITY OF TORONTO

Flow Cytometry Facility

Facility Registration Form

Registrant Contact Information:

Last Name	First Name	University Status (Graduate, Undergrad, Staff, etc.)	Institution/Department
Lab Address		Student/Personnel #	
Phone (Lab)	Phone (Cell)	Email Address	

Supervisor/Principal Investigator Contact Information:

Last Name	First Name	Job Title	Department
Office Address		Phone (Office)	
Email Address			

Financial Administrator/Assistant Contact Information:

Last Name	First Name	Job Title	Department
Phone (Office)	Email Address		

Facility Contact Information:

Nathalie Simard, Facility Manager
Temerty Medicine Flow Cytometry Facility
flowcytometry.manager@utoronto.ca | 416-978-6524

Ayoob Ghalami, Biosafety Officer
Office of Environmental Health and Safety
ayoob.ghalami@utoronto.ca

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Flow Cytometry Facility

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:					

Acknowledgements:

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/

_____ **INITIAL**

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:

_____ _____

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 unfixed 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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