

CEMC Biosafety Questionnaire

Please fill out the form below with information regarding your BSL2 sample and email it to stanford-cemc@stanford.edu.

BSL2 includes, but is not limited to, samples that contain:

- Human cells (including HEK)
- Potentially infectious agents (e.g., viruses, infectious *E. coli* strains, lentivirus, CRISPR)

Cell type (e.g., HEK, "DRG neurons")	
Species (or Virus)	
Does the sample contain transgenic modifications? (y/n)	
If yes to above, what modifications?	
If yes to above, what method (e.g., lentivirus, CRISPR)?	
Does this sample contain any potentially infectious agents as defined by EHS/IBC? (y/n)	
If yes to above, which?	
Does the sample contain prion or prion-like proteins? (y/n)	
If yes, list specifics.	
Does the sample contain patient health information or come from material that is covered under the Health Insurance Portability and Accountability Act (HIPAA) (e.g., from a patient)? (y/n)	
How will you inactivate the agent/sample? (Clean up procedures)	
IBC number/reference, if applicable	

If your project contains known potentially infectious agents, you must include the CEMC space (Fairchild Room D047/D045) on your IBC protocol. NOTE: ChEM-H is a BSL1-only facility. Untreated human cells can be handled with "universal precautions" and do not require addition of the CEMC space to your IBC protocol. I hereby attest that the above information is correct to my best knowledge, that I have an approved IBC protocol for the sample, if applicable, and that I am the one primarily responsible for adhering to the protocol. If the project is approved for use of CEMC resources, I will adhere to all BSL2 level safety precautions as outlined by Stanford University EH&S, including, but not limited to:

- Wearing proper PPE while sample is handled (lab coat, gloves, and goggles)
- Keeping the door shut while work is being performed
- Cleaning equipment that contacted the sample with 10% bleach or 70% ethanol
- Disposing sample into a biohazard waste receptacle

I acknowledge that I am responsible for the sample and will be the primary operator handling the sample. I acknowledge that CEMC staff will have limited abilities to handle the sample.

I understand that by deviating from accepted protocols (including the IBC), falsifying any of the information in this form (including using agents and samples not listed), or failing to clean up materials as outlined by EHS/IBC, will result in an investigation by EHS and possible discipline, including losing BSL2 clearance for the entire lab of the user.

I further acknowledge that CEMC is a low-risk environment, and therefore cannot adequately accommodate samples coming from patients, protected health information (PHI), or HIPAA-protected data.

_____ (name printed)

_____ (signature) _____ (date)

_____ (PI name)

_____ (PI signature) _____ (date)