Sample analysis: Biosafety form Type 1

This form has to be completed before any new experiment

FIRST NAME:……………………………….………… LAST NAME:……………………………………
EMAIL: ……………………………………………………………. TEL (lab): …………………………………
RESEARCH UNIT:…………………………………………………… PROJECT LEADER: …………………

**TYPE of ANALYSIS** :
- [ ] Simple or multiple immunostaining analysis
- [ ] Cell cycle or ploidy analysis
- [ ] Cell viability
- [ ] Cytometric Bead Assay (CBA)

1) What is the nature of your sample?
- [ ] Cell lines (proceed to point 4)
- [ ] Murin cells (proceed to point 4)
- [ ] Human cells (proceed to point 2)
- [ ] Other species cells (proceed to point 4)

2) Was the sample screened for any of the following pathogens:
- [ ] YES
  - Which ones? ……………………………. Result: [ ] POSITIVE [ ] NEGATIVE
  - ……………………………. Result: [ ] POSITIVE [ ] NEGATIVE
  - ……………………………. Result: [ ] POSITIVE [ ] NEGATIVE
- [ ] NO
- [ ] Unknown

3) Do you have any reason to think that the sample donor harbors any of the following pathogens.
- [ ] YES
- [ ] NO
- [ ] UNKNOWN

4) Were the cells transformed with a virus?
- [ ] YES (proceed to point 5)
- [ ] NO (proceed to point 6)

5) Is the infectious agent inactive or has it been rendered non-infectious or deficient for replication?
- [ ] YES
  - Method : ………………………………………
  - Date : ………………………………………
- [ ] NO

6) Were the cells genetically modified by another procedure than viral?
- [ ] YES
  - Method : ………………………………………
- [ ] NO

7) Has the sample been tested for Mycoplasma infection?
- [ ] YES
  - Date: ………………………………………
  - Result: ………………………………………
- [ ] NO

8) Has the sample been fixed?
- [ ] YES
  - Nature and % of fixative: …………………………..
  - for how long has it been fixed: …………………………..
- [ ] NO

**Remarks:**

……………………………………………………………………………………….………………………………

Based in all informations available to me, I certify that all these answers are complete and accurate

Date : ……………………………………… Signature : ……………………………………….

3, Avenue de l'Hôpital (B23),
Tour de pathologie +1
4000 Liège (Sart-Tilman)