

BIO-SAFETY LEVEL 2 FACILITY QUESTIONNAIRE

Part 1: User Information

The Vector Core provides services to researchers using biological materials from various sources that may contain known or unknown human pathogens. In order to insure safe and appropriate working conditions for all users of the facility, accurate and complete information about the agents you propose to use is needed to maintain appropriate biosafety standards.

Please fill out this form COMPLETELY and have it signed by the principal investigator before experiments begin. The Vector Core staff will review the form and keep it on file. IF NEW BIOHAZARDS ARE ADDED at a future date, IT IS YOUR RESPONSIBILITY TO UPDATE THIS FORM.

PI or Supervisor Information:

Name: _____ Institution: _____

E-Mail Address: _____ Telephone Number: _____

Researcher Information (Person requesting the Vector Core BSL2 Services):

Name: _____ E-Mail Address: _____

Laboratory Location (Building & Room): _____ Telephone: _____

Part 2: Project Information

Do you have current Institutional Biosafety Committee (IBC) approval or Institutional Review Board (IRB) approval for this project? (Check all that apply)

- Yes. Attach a copy of the IBC and/or IRB approval letter.
 IBC and/or IRB Approval Pending. Access cannot be granted until approval is obtained. Contact the EH&S Biosafety Office at extension x63929 or e-mail at biosafety@ehs.ucla.edu.

List the gene(s) that are present in the viral vector that you are providing or that you want the Core to subclone into a viral vector (i.e. green fluorescent protein (GFP); Oct4). Please indicate if the gene is an oncogene.

What type of virus do you want to use for your research?

Lentivirus: 2nd or 3rd generation

Retrovirus: Envelope: Ecotropic Amphotropic VSV-G

Adenovirus

If providing a viral vector purchase from a commercial source or provided by a collaborator, please submit a map and sequence.

Lentivirus: 2nd or 3rd generation

Retrovirus:

Adenovirus

If cells are to be transduced, do the cells contain any known infectious agent(s)? Yes ___ No ___

If yes, list infectious agents (must be listed on your IBC approval letter with the proper containment indicated):

If cells are to be transduced, were the cells genetically engineered? Yes ___ No ___

If yes, how were they previously genetically engineered? Was a gene therapy virus (adenovirus, retrovirus, lentivirus, herpesvirus, etc.) used to transfer genetic information to the cells?

If yes, describe method in detail, attach vector map and show packaging cell line.

If cells are to be transduced, have they been tested for mycoplasma? Yes ___ No ___

I have read above questions carefully and certify the information provided to be correct.

PI or Supervisor Signature: _____ **Date:** _____

Researcher Signature: _____ **Date:** _____