

Modification Form for Permit BIO-UWO-0142

Permit Holder: Wing Yiu (James) Choy

Approved Personnel

(Please stroke out any personnel to be removed)

~~Selayman Mokhtezadeh~~

Anne Brickenden

Additional Personnel

(Please list additional personnel here)

Elio Cino
Halema Khan
Jelena Draca

	Please stroke out any approved Biohazards to be removed below	Write additional Biohazards for approval below. *
Approved Microorganisms	E. coli BL21 DE3, E. coli Rosetta	DH5a, DB3.1
Approved Primary and Established Cells		
Approved Use of Human Source Material		
Approved Genetic Modifications (Plasmids/Vectors)	plasmids pDEsT17, pET15b, pET11a, pDEST-HISMBP	pTrc His STI-1, pRSET mPrP (23-231) pYxAsc mKelch, PENTR 221 beta-catenin PENTR 221 Nrf2 pGEX-4T1, pDEST15, pDONR201, pDONR221
Approved Use of Animals		
Approved Biological Toxin(s)		

The agents I add to this modification form include:

- I. Commonly used *E. coli* strains (DH5 α and DB3.1) for protein expression,
- II. Plasmids that encode the recombinant proteins that we are studying in my lab.
These include pTrc His STI-1 for expressing mouse Stress-inducible protein 1 (STI-1), pRSET mPrP for expressing mouse Prion protein (residues 23-231), pYXAsc mKelch for expressing the Kelch domain of mouse Keap1 protein, PENTR 221 beta-catenin for expressing human beta-catenin, and PENTR 221 Nrf2 for expressing human Nrf2 protein in *E. coli*.
- III. Vectors (pGEX-4T1, pDEST15, pDONR201, and pDONR221) that are commonly used for adding different tags to the protein constructs to facilitate the purification process.

The mouse Prion protein that we over-express is in its cellular form and therefore, are supposed to be non-infectious. Only structural characterization (using nuclear magnetic resonance spectroscopy) will be performed on this recombinant protein. No animal test will be carried out with this protein.

----- Original Message -----

Subject:Re: Requirements for mouse prion protein work

Date:Tue, 06 Apr 2010 09:30:27 -0400

From:ImportZoopath <ImportZoopath@inspection.gc.ca>

To:Jennifer Stanley <jstanle2@uwo.ca>

Hi Ms. Stanley,

In order to determine which containment level (physical & operational requirement) would apply it is important to find out if the prion protein produced are infectious.

If the recombinant protein is infectious then it will require TSE containment & procedures.

If the protein is not infectious, then the specific containment will not be needed.

With the limited information given, I cannot tell you exactly which option applies. Please request additional information from the PI and assess the result.

Have a nice day,

Cynthia Labrie

Office of Biohazard Containment & Safety, CFIA | Bureau du
confinement des biorisques et de la sécurité, ACIA
Government of Canada | Gouvernement du Canada
59 Camelot, Ottawa ON K1A0Y9
Phone/Tél.: (613) 221-7068
Fax/ Téléc.: (613) 228-6129
ImportZoopath@inspection.gc.ca

Modification Form for Permit BIO-UWO-0142

Permit Holder: Wing - Yiu Choy

Approved Personnel

(Please stroke out any personnel to be removed)

Sulayman Mokhtarzada

Anne Brickenden

Additional Personnel

(Please list additional personnel here)

	Please stroke out any approved Biohazards to be removed below	Write additional Biohazards for approval below. *
Approved Microorganisms	E. coli BL21 DE3, E. coli Rosetta	
Approved Cells		
Approved Use of Human Source Material		
Approved GMO	plasmids pDEsT17, pET15b, pET11a	pDEST-HCSMBP
Approved use of Animals		

* PLEASE ATTACH A MATERIAL SAFETY DATA SHEET OR EQUIVALENT FOR NEW BIOHAZARDS.

** PLEASE ATTACH A BRIEF DESCRIPTION OF THE WORK THAT EXPLAINS THE BIOHAZARDS USED AND HOW THEY WILL BE USED.

Classification: 1

Date of last Biohazardous Agents Registry Form: Mar 3, 2008

Signature of Permit Holder: Choy

BioSafety Officer(s): Stanley April 21/09

Chair, Biohazards Subcommittee: M. Kiddes

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Permit Holder: Wing - Yiu Choy

Approved Toxin(s)

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* PLEASE ATTACH A MATERIAL SAFETY DATA SHEET OR EQUIVALENT FOR NEW BIOHAZARDS.

** PLEASE ATTACH A BRIEF DESCRIPTION OF THE WORK THAT EXPLAINS THE BIOHAZARDS USED AND HOW THEY WILL BE USED.

Classification: 1

Date of last Biohazardous Agents Registry Form: Mar 3, 2008

Signature of Permit Holder: See page 1

BioSafety Officer(s): J. Tenley April 24/09

Chair, Biohazards Subcommittee: G.M. Kiddle

----- Original Message -----

Subject:Re: Modification form: Choy

Date:Thu, 09 Apr 2009 13:45:29 -0400

From:James Choy <jchoy4@uwo.ca>

To:Jennifer Stanley <jstanle2@uwo.ca>

References:<49DB9739.6080707@uwo.ca> <97BC3A1E-8858-44CA-8CCE-E08A9B737184@uwo.ca>
<49DE3386.3060705@uwo.ca>

Hi Jennifer,

The plasmid will be used to over-express MBP-tagged Thyroid Cancer 1 protein in E. coli system for Nuclear Magnetic Resonance structural studies.

James

THE UNIVERSITY OF WESTERN ONTARIO
BIOHAZARDOUS AGENTS REGISTRY FORM
Revised Biohazards Subcommittee: September, 2007

This form must be completed by each Principal Investigator holding a grant administered by the University of Western Ontario where the use of biohazardous infectious agents are described in the experimental work proposed. The form must also be completed if animal work is proposed involving the use of biohazardous agents or animal carrying zoonotic agents infectious to humans. Containment Levels will be required in accordance with Laboratory Biosafety Guidelines, 3rd edition, 2004, Health Canada (HC) or Containment Standards for Veterinary Facilities, 1st edition 1996, Canadian Food Inspection Agency (CFIA).

Completed forms are to be returned to Occupational Health and Safety (Stevenson-Lawson Building, Room 60) for forward to the Biohazard Subcommittee. For questions regarding this form, please contact the Biosafety Coordinator at extension 81135. If there are changes to the information on this form (excluding grant title and funding agencies) modifications must be completed and sent to Occupational Health and Safety. See website: www.uwo.ca/humanresources

PRINCIPAL INVESTIGATOR _____
SIGNATURE WING-YIU CHOY
DEPARTMENT Biochemistry
ADDRESS MSB 302
PHONE NUMBER x 83161
EMAIL jchoy4@uwo.ca

Location of experimental work to be carried out: Building(s) MSB Room(s) 304

*For work being performed at Institutions affiliated with the University of Western Ontario, the Safety Officer for the Institution where experiments will take place must sign the form prior to it being sent to Occupational Health and Safety (See Section 12.0, Approvals). For research being done at Lawson Health Research Institute, London Regional Cancer Centre, Child and Parent Research Institute or Robarts Research Institute, University Biosafety Committee members can also sign as the Safety Officer.

GRANT TITLE(S): Structural studies of naturally disordered proteins

PLEASE ATTACH A BRIEF DESCRIPTION OF YOUR WORK, SUCH AS THE RESEARCH GRANT SUMMARY THAT EXPLAINS THE BIOHAZARDS USED AND HOW THEY WILL BE USED. PROJECTS SUBMITTED WITHOUT A SUMMARY WILL NOT BE REVIEWED.

FUNDING AGENCY/AGENCIES CIHR

Names of all personnel working under Principal Investigators supervision in this location:

Anne Brickenden
Sulayman Mokhtarzada
Yueyang Lai

9.0 Import Requirements

9.1 Will the agent be imported? YES NO

If no, please proceed to Section 10.0

If yes, country of origin _____

9.2 Has an Import Permit been obtained from HC for human pathogens? YES NO

9.3 Has an import permit been obtained from CFIA for animal pathogens? YES NO

9.4 Has the import permit been sent to OHS? YES NO

If yes, Permit # _____

10.0 Training Requirements for Personnel named on Form

All personnel named on the above form who will be using any of the above named agents are required to attend the following training courses given by OHS

- ♦ Biosafety
- ♦ Laboratory and Environmental/Waste Management Safety
- ♦ WHMIS
- ♦ Employee Health and Safety Orientation

As the Principal Investigator, I have ensured that all of the personnel named on the form who will be using any of the biohazardous agents in Sections 1.0 to 9.0 have been trained.

SIGNATURE Choy

11.0 Containment Levels

11.1 For the work described in sections 1.0 to 9.0, please indicate the highest HC or CFIA Containment Level required. 1 2 3

11.2 Has the facility been certified by OHS for this level of containment? YES NO

11.3 If yes, please give the date and permit number: Certificate # BEO-UWO-0142

12.0 Approvals

UWO Biohazard Subcommittee

Signature G.M. Kozlowski Date 3 Mar '08

Safety Officer for institution where experiments will take place

Signature W. Stanley, UWO Date Feb 25 2008

Safety Officer for University of Western Ontario (if different from above)

Signature _____ Date _____

Signature _____ Date _____