

**THE UNIVERSITY OF WESTERN ONTARIO
BIOLOGICAL AGENTS REGISTRY FORM**
Approved Biohazards Subcommittee: July 9, 2010
Biosafety Website: www.uwo.ca/humanresources/biosafety/

This form must be completed by each Principal Investigator holding a grant administered by the University of Western Ontario (UWO) or in charge of a laboratory/facility where the use of Level 1, 2 or 3 biological agents is described in the laboratory or animal work proposed. The form must also be completed if any work is proposed involving animals carrying zoonotic agents infectious to humans or involving plants, fungi, or insects that require Public Health Agency of Canada (PHAC) or Canadian Food Inspection Agency (CFIA) permits.

This form must be updated at least every 3 years or when there are changes to the biological agents being used.

Containment Levels will be established in accordance with Laboratory Biosafety Guidelines, 3rd edition, 2004, Public Health Agency of Canada (PHAC) 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, (OHS), (Support Services Building, Room 4190) for distribution to the Biohazards Subcommittee. For questions regarding this form, please contact the Biosafety Officer at extension 81135 or biosafety@uwo.ca. If there are changes to the information on this form (excluding grant title and funding agencies), contact Occupational Health and Safety for a modification form. See website: www.uwo.ca/humanresources/biosafety

PRINCIPAL INVESTIGATOR	Dr. Stefan Everling
DEPARTMENT	Physiology and Pharmacology
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Location of experimental work to be carried out: Building(s) RRI-CBM Animal Care Facility Room(s) 0252 thru 0289

*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 its being sent to the University of Western Ontario Biosafety Officer (See Section 15.0, Approvals).

FUNDING AGENCY/AGENCIES: OMHF, NSERC, CIHR

GRANT TITLE(S): *Cellular mechanisms underlying disruption of working memory for abstract rules in nonhuman primates; Neural mechanisms underlying the emergence of selective attentional control; Role of frontal projections to the superior colliculus in saccade suppression and task switching in primates*

List all personnel working under Principal Investigators supervision in this location:

<u>Name</u>	<u>UWO E-mail Address</u>	<u>Date of Biosafety Training</u>
Thilo Womelsdorf	thiwom@imaging.robarts.ca	Oct 13,2010
Daniel Kaping	dkaping@uwo.ca	Oct 13,2010
Michaei Koval	mjkoval@uwo.ca	Nov 2009
Jessica Phillips	jphill24@uwo.ca	Oct 13, 2010
Michelle Bale	mbale2@uwo.ca	Sept 2008
Iman Janemi	ijanemi@uwo.ca	Oct 13,2010
Sabeeha Hussien	shusseif6@uwo.ca	Jan 2010
Joanna Stucke	jstucke@uwo.ca	Oct 13, 2010

Brian Soper	bsoper@uwo.ca	Oct 13, 2010
Kevin Skoblenic	skoba@me.com	Oct 13, 2010
Stefan Everling	severlin@uwo.ca	Sept 2008

Please explain the biological agents and/or biohazardous substances used and how they will be stored, used and disposed of. Projects without this description will not be reviewed.

We will not be using any biological agents or biohazardous substances. There is however the possibility of exposure to Cercopithecine Herpes Virus 1 which is a zoonotic virus of the Macaque monkeys used in our research.

All aspects of personal protection and procedures to be taken in the event of an exposure to this virus are covered in our extensive SOPs.

Please include a one page research summary or teaching protocol.

Diseases or damage to the frontal part of the brain, including psychiatric disorders, stroke, and head trauma, often result in profound cognitive disabilities. These problems can be seen in a reduced attention span, difficulties to memorize things, poor judgment skills, and in difficulties to plan and prioritize everyday life. These symptoms place an enormous physical, mental and social burden on patients, their families, employers and the public health care system.

Cognitive deficits can easily be tested with simple eye movement tasks. Brain researchers have long known that people who suffer from certain psychiatric disorders or brain trauma to the frontal cortex show telltale eye movements under certain conditions. Told to fix their gaze on a visual target, for example, they are unable to resist the reflexive urge to glance away at a peripheral stimulus, like a flash of light. Subjects without the disorder or damage can override the impulse. In our research program, we will systematically investigate the role of different frontal brain areas in monkeys while they perform this type of task. We will cool these brain areas to see test whether a disruption of neural activity in one of these areas will make it impossible for the monkeys not to glance towards the stimulus. We will then study how cooling of a frontal brain area affects the activity of other brain areas in monkeys.

We aim to understand how frontal brain areas influence cognitive functions in the primate brain. By better understanding which areas underlie which cognitive functions, we hope to identify brain areas that can serve as targets for future treatment.

1.0 Microorganisms

1.1 Does your work involve the use of biological agents? YES NO
 (non-pathogenic and pathogenic biological agents including but not limited to bacteria and other microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)? If no, please proceed to Section 2.0

Do you use microorganisms that require a permit from the CFIA? YES NO

If YES, please give the name of the species. _____

What is the origin of the microorganism(s)? _____

Please describe the risk (if any) of escape and how this will be mitigated:

Please attach the CFIA permit.

Please describe any CFIA permit conditions:

1.2 Please complete the table below:

Name of Biological agent(s)*	Is it known to be a human pathogen? YES/NO	Is it known to be an animal pathogen? YES/NO	Is it known to be a zoonotic agent? YES/NO	Maximum quantity to be cultured at one time? (in Litres)	Source/Supplier	PHAC or CFIA Containment Level

	Yes No	Yes No	Yes No			1 2 2+ 3
	Yes No	Yes No	Yes No			1 2 2+ 3
	Yes No	Yes No	Yes No			1 2 2+ 3
	Yes No	Yes No	Yes No			1 2 2+ 3

*Please attach a Material Safety Data Sheet or equivalent from the supplier.

2.0 Cell Culture

2.1 Does your work involve the use of cell cultures?

YES

~~NO~~

If no, please proceed to Section 3.0

2.2 Please indicate the type of primary cells (i.e. derived from fresh tissue) that will be grown in culture:

Cell Type	Is this cell type used in your work?		Source of Primary Cell Culture Tissue	AUS Protocol Number
Human	Yes	No		Not applicable
Rodent	Yes	No		
Non-human primate	Yes	No		
Other (specify)	Yes	No		

2.3 Please indicate the type of established cells that will be grown in culture in:

Cell Type	Is this cell type used in your work?		Specific cell line(s)*	Supplier / Source
Human	Yes	No		
Rodent	Yes	No		
Non-human primate	Yes	No		
Other (specify)	Yes	No		

*Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see www.atcc.org)

2.4 For above named cell type(s) indicate PHAC or CFIA containment level required 1 2 2+ 3

3.0 Use of Human Source Materials

3.1 Does your work involve the use of human source materials? YES NO
 If no, please proceed to Section 4.0

3.2 Indicate in the table below the Human Source Material to be used.

Human Source Material	Source/Supplier /Company Name	Is Human Source Material Infected With An Infectious Agent? YES/NO	Name of Infectious Agent (If applicable)	PHAC or CFIA Containment Level (Select one)
Human Blood (whole) or other Body Fluid		Yes Unknown		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
Human Blood (fraction) or other Body Fluid		Yes Unknown		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
Human Organs or Tissues (unpreserved)		Yes Unknown		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

4.0 Genetically Modified Organisms and Cell lines

4.1 Will genetic modifications be made to the microorganisms, biological agents, or cells described in Sections 1.0 and 2.0? YES NO If no, please proceed to Section 5.0

4.2 Will genetic modification(s) involving plasmids be done? YES, complete table below NO

Bacteria Used for Cloning *	Plasmid(s) **	Source of Plasmid	Gene Transfected	Describe the change that results from transformation or tranfection

* Please attach a Material Data Sheet or equivalent if available.

** Please attach a plasmid map.

4.3 Will genetic modification(s) involving viral vectors be made? YES, complete table below NO

Virus Used for Vector Construction	Vector(s) *	Source of Vector	Gene(s) Transduced	Describe the change that results from transduction

* Please attach a Material Safety Data Sheet or equivalent.

4.4 Will genetic sequences from the following be involved?

- ◆ HIV YES, please specify _____ NO
- ◆ HTLV 1 or 2 or genes from any Level 1 or Level 2 pathogens YES, specify _____ NO
- ◆ SV 40 Large T antigen YES NO
- ◆ E1A oncogene YES NO
- ◆ Known oncogenes YES, please specify _____ NO
- ◆ Other human or animal pathogen and or their toxins YES, please specify _____ NO

4.5 Will virus be replication defective? YES NO

4.6 Will virus be infectious to humans or animals? YES NO

4.7 Will this be expected to increase the containment level required? YES NO

5.0 Human Gene Therapy Trials

5.1 Will human clinical trials be conducted involving a biological agent? YES NO
 (including but not limited to microorganisms, viruses, prions, parasites or pathogens of plant or animal origin)
 If no, please proceed to Section 6.0

5.2 If YES, please specify which biological agent will be used: _____
 Please attach a full description of the biological agent.

5.2 Will the biological agent be able to replicate in the host? YES NO

5.3 How will the biological agent be administered? _____

5.4 Please give the Health Care Facility where the clinical trial will be conducted: _____

5.5 Has human ethics approval been obtained? YES, number: _____ NO PENDING

6.0 Animal Experiments

6.1 Will live animals be used? YES NO If no, please proceed to section 7.0

6.2 Name of animal species to be used MACACA MULATTA, FACULIARIS

6.3 AUS protocol # 2008-125

6.4 Will any of the agents listed in section 4.0 be used in live animals YES, specify: _____ NO

6.5 Will the agent(s) be shed by the animal: YES NO, please justify:

7.0 Use of Animal species with Zoonotic Hazards

7.1 Will any animals with zoonotic hazards or their organs, tissues, lavages or other body fluids including blood be used (see list below)? YES No If no, please proceed to section 8.0

7.2 Please specify the animal(s) used:

- ◆ Pound source dogs YES NO
- ◆ Pound source cats YES NO
- ◆ Cattle, sheep or goats YES, please specify species _____ NO
- ◆ Non-human primates YES please specify species MACACA MULATTA, MACACA FASCICULARIS NO
- ◆ Wild caught animals YES, please specify species & colony # _____ NO
- ◆ Birds YES, please specify species _____ NO
- ◆ Others (wild or domestic) YES, please specify _____ NO

8.0 Biological Toxins

8.1 Will toxins of biological origin be used? YES NO If no, please proceed to Section 9.0

8.2 If YES, please name the toxin(s) _____
Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

8.3 What is the LD₅₀ (specify species) of the toxin _____

8.4 How much of the toxin is handled at one time*? _____

8.5 How much of the toxin is stored*? _____

8.6 Will any biological toxins be used in live animals? YES, Please provide details: _____ NO

*For information on biosecurity requirements, please see:
http://www.uwo.ca/humanresources/docandform/docs/healthandsafety/biosafety/Biosecurity_Requirements.pdf

9.0 Insects

9.1 Do you use insects? YES NO If no, please proceed to Section 10.0

9.2 If YES, please give the name of the species. _____

9.3 What is the origin of the insect? _____

9.4 What is the life stage of the insect? _____

9.5 What is your intention? Initiate and maintain colony, give location: _____
 "One-time" use, give location: _____

9.6 Please describe the risk (if any) of escape and how this will be mitigated:

9.7 Do you use insects that require a permit from the CFIA permit? YES NO
If YES, Please attach the CFIA permit & describe any CFIA permit conditions:

10.0 Plants

10.1 Do you use plants? YES NO If no, please proceed to Section 11.0

10.2 If YES, please give the name of the species. _____

10.3 What is the origin of the plant? _____

10.4 What is the form of the plant (seed, seedling, plant, tree...)? _____

10.5 What is your intention? Grow and maintain a crop "One-time" use

10.6 Do you do any modifications to the plant? YES NO
If yes, please describe: _____

10.7 Please describe the risk (if any) of loss of the material from the lab and how this will be mitigated:

10.8 Is the CFIA permit attached? YES NO
If YES, Please attach the CFIA permit & describe any CFIA permit conditions:

11.0 Import Requirements

11.1 Will any of the above agents be imported? YES, please give country of origin _____ NO

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

11.3 Has an import permit been obtained from CFIA for animal or plant pathogens? YES NO

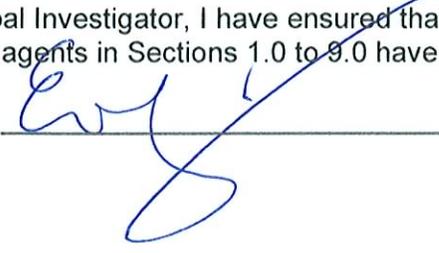
11.4 Has the import permit been sent to OHS? YES, please provide permit # _____ NO

12.0 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 (Western or equivalent)
- ◆ 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 biological agents in Sections 1.0 to 9.0 have been trained.

SIGNATURE  _____

13.0 Containment Levels

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

1 ② 2+ 3

13.2 Has the facility been certified by OHS for this level of containment?

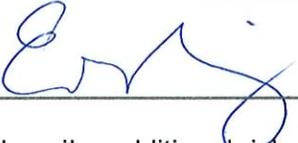
YES, permit # if on-campus B10-UWO-0073

NO, please certify

NOT REQUIRED for Level 1 containment

14.0 Procedures to be Followed

14.1 As the Principal Investigator, I will ensure that this project will follow the Western Biosafety Guidelines and Procedures Manual for Containment Level 1 & 2 Laboratories (and the Level 3 Facilities Manual for Level 3 projects). I will ensure that UWO faculty, staff and students working in my laboratory have an up-to-date Hazard Communication Form, found at <http://www.wph.uwo.ca/>

SIGNATURE  Date: 5.10.2010

14.2 Please describe additional risk reduction measures will be taken beyond containment level 1, 2, 2+ or 3 measures, that are unique to this agent.

PLEASE REFER TO CBM SOPs 1100, 1101, 1102 FOR TRAINING
SOPS 1200, 1201 FOR PERSONAL PROTECTION

14.3 Please outline what will be done if there is an exposure to the biological agents listed, such as a needlestick injury:

PLEASE REFER TO CBM SOP 1400 PERTAINING TO EXPOSURE

15.0 Approvals

1) UWO Biohazards Subcommittee: SIGNATURE: _____
Date: _____

2) Safety Officer for the University of Western Ontario
SIGNATURE: _____
Date: _____

3) Safety Officer for Institution where experiments will take place (if not UWO):
SIGNATURE: 
Date: October 12, 2010

Approval Number: _____ Expiry Date (3 years from Approval): _____

Special Conditions of Approval:

