

**THE UNIVERSITY OF WESTERN ONTARIO
BIOLOGICAL AGENTS REGISTRY FORM**
Approved Biohazards Subcommittee: April 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 biohazardous 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 biohazards 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 Biohazard 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/

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Location of experimental work to be carried out: Building(s) SEB Room(s) 2021 and 2013

*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 12.0, Approvals).

FUNDING AGENCY/AGENCIES: NSERC DG; ADF major, CHRP,
 GRANT TITLE(S): 1. NSERC DG; "Synthesis and characterization of new nanofibers"
2. ADF major; "Mechanical analysis of biocompatible nanocomposites"
3. CHRP; "Development of new contact lens-based biosensor"

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

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

<u>Abdul Md. Mumin</u>	<u></u>
<u>Anu Thomas</u>	<u></u>
<u>Kazi Farida Akhter</u>	<u></u>
<u>Longyan Chen</u>	<u></u>

Jin Zhang (jzhang@eng.uwo.ca)

Project 1 “development of magnetic nanocomposite-based device for detect and capture of microbial”

Project Description: Non-pathogenic *E. coli* cells used in this project to demonstrate the multifunctional nanocomposites films are able to capture the microbial in short period.

Use: The non-pathogenic *E. coli* will be grown for 24 hours in broth media at room temperature to obtain an approximately 10^7 cfu/mL. The cells are harvested by centrifugation (8000 rpm, 5 min) and further re-suspended in Phosphate Buffered Saline (PBS, 0.01 M, pH 7.4) buffer containing magnetic nanocomposites (1 mg/mL). After 10 times serially diluted into 10⁴ cfu/mL, the solution of cells mixed with nanocomposites will be incubated in 20 min and 60 min, respectively. Samples will be separated from the solution by utilizing the magnetic confinement.

Storage: Store in original container in a cool, dry place. Use before expiration date printed on package.

Handling Precautions: Follow normal hygiene and housekeeping standards for agricultural products

Disposal: Small amounts of product which cannot be used according to label instructions may be disposed of in a landfill. This product is not regulated as a hazardous waste.

Project 2. “ Development of non-invasive lens sensor”

Description: An optical nanocomposite-based transducer incorporated with biopolymer lens materials is developed for monitoring glucose invasively.

Use: (1) The pig eye provided Ralph Bos Meats Inc. will be used as a tissue model to test the signal of the lens sensor. (2) HUVEC cell is going to be used to study the lens sensor's biocompatibility, HUVEC are human umbilical vein endothelial cells. Each vial of this product contains $>5 \times 10^5$ cells that have been cryopreserved at the end of the primary culture stage in a medium containing 10% DMSO. During the culture period, no contamination by bacteria, yeast, or fungi was detected. Upon thawing, the cells are guaranteed to be $>70\%$ viable (trypan blue), and to have a potential of >16 population doublings when handled according to the directions provided in this document.

Storage: “Cryopreserved HUVEC should arrive frozen on dry ice. If the cells are not to be used immediately, the user should prepare a space for storage of the vial in the vapor phase of a liquid nitrogen freezer. While wearing protective eyewear, gloves, and a laboratory coat, remove the vial from its shipping container and place immediately in the liquid nitrogen freezer. Although the viability of cryopreserved cells decreases with time in storage, useful cultures can usually be established even after 2 years of storage at liquid nitrogen temperatures” –based on the information provided by the supplier.

Disposal: According to standard biohazard waste disposal procedures; autoclaving (steam sterilization) is generally the surest method of inactivating biological agents and should be used whenever possible. Liquid waste containers designed to withstand autoclaving temperatures must be used. Containers of liquid waste must be placed into a tray or pan of sufficient capacity to contain all liquid in the event of vessel failure or breakage inside the autoclave chamber.

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
Non-pathogenic E. Coli strain W3110	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	10 ⁸ cells/L	ATCC/ Cedarlane Laboratories	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 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	<input checked="" type="radio"/> Yes <input type="radio"/> No	Human umbilical vein endothelial cells	Not applicable
Rodent	<input type="radio"/> Yes <input type="radio"/> No		
Non-human primate	<input type="radio"/> Yes <input type="radio"/> No		

* DESCRIPTION MUST BE ATTACHED TO THIS FORM OR PROJECT WILL NOT BE REVIEWED*

Other (specify)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pig eyes	Not applicable
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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	<input checked="" type="radio"/> Yes <input type="radio"/> No	Human umbilical vein endothelial cells	Cedarlane Laboratories (*a Lol of CHRP was submitted)
Rodent	<input type="radio"/> Yes <input type="radio"/> No		
Non-human primate	<input type="radio"/> Yes <input type="radio"/> No		
Other (specify)	<input checked="" type="radio"/> Yes <input type="radio"/> No	Pig eyes	Ralph Bos Meats (*a Lol of CHRP was submitted)

*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 types(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		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
Human Blood (fraction) or other Body Fluid		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 2+ <input type="radio"/> 3
Human Organs or Tissues (unpreserved)		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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

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

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

* 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 _____

6.3 AUS protocol # _____

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:

* DESCRIPTION MUST BE ATTACHED TO THIS FORM OR PROJECT WILL NOT BE REVIEWED*

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 NO
- ◆ Non-human primates YES, please specify species _____ NO
- ◆ Wild caught animals YES, please specify species & colony # _____ NO
- ◆ Birds YES 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
If no, please proceed to Section 12.0

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 biohazardous 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 _____
 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 Jim Zhang Date: August 30, 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.
No specific measures is required

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

1. All exposures and concerns (needlestick injury) will be reported on the incident, accident occupational illness reporting.
2. Suitable disinfectants such as chlorine bleach or 70% ethyl or isopropyl alcohol can be used to decontaminate. Autoclaving at 121 °C for 20 min, or dry heat at 170 °C for 4 hrs can be used for the exposed materials.____

15.0 Approvals

1) UWO Biohazard 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: _____

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

Special Conditions of Approval:

Bacteria

ATCC® Number: **39936™** [Order this Item](#) Price: **\$255.00**

Organism: *Escherichia coli* (Migula) Castellani and Chalmers
 Designations: W3110
 Depositor: Monsanto Co.
Biosafety Level: 1
 Shipped: frozen
 Growth Conditions: [ATCC medium 1065](#): LB medium
Temperature: 37.0°C
 Permits/Forms: In addition to the [MTA](#) mentioned above, other [ATCC and/or regulatory permits](#) may be required for the transfer of this ATCC material. Anyone purchasing ATCC material is ultimately responsible for obtaining the permits. Please [click here](#) for information regarding the specific requirements for shipment to your location.
 Applications: transformation host
 transformation host for production in procaryotes of heterologous polypeptides that have N-terminal alanines [[5183](#)]
 References: 5183: Krivi GG. Biologically active method of using somatotropins. US Patent 5,037,806 dated Aug 6 1991

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