

The University of Western Ontario
BIOLOGICAL AGENTS REGISTRY FORM
Approved Biohazards Subcommittee: August 12, 2011
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).

Electronically completed forms are to be submitted to Occupational Health and Safety, (OHS), (Support Services Building, Room 4190 or to jstanle2@uwo.ca) 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/.

Please ensure that all questions are fully and clearly answered. Failure to do so will lead to the form being returned, which will cause delays in your approval and frustration for you and your colleagues on the Committee.

If you are re-submitting this form as requested by the Biohazards Subcommittee, please make modifications to the form in bold print, highlighted in yellow. Please re-submit forms electronically.

PRINCIPAL INVESTIGATOR:	Zhu-Xu Zhang
DEPARTMENT:	Medicine
ADDRESS:	B4-231, 339 windermere road
PHONE NUMBER:	32945
EMERGENCY PHONE NUMBER(S):	519 434 6216
EMAIL:	zzhang57@uwo.ca

Location of experimental work to be carried out :

Building :	University Hospital, LHRI, Mailing Centre	Room(s):	B4-215,
Building :	_____	Room(s):	_____
Building :	_____	Room(s):	_____

***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: **CIHR, HSF**

GRANT TITLE(S): **Regulation of pre-transplant ischemic injury and cardiac allograft vasculopathy**

UNDERGRADUATE COURSE NAME(IF APPLICABLE): _____

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>
Arthur Lau	alau46@uwo.ca	Oct. 2008
James Yip	jkyip25@uwo.ca	Oct. 2008
Xuyan Huang	xhuang@uwo.ca	Oct. 2010
Ye Su	ysu56@uwo.ca	Nov 6 2011 training
Alex Pavlosky	apavlosk@uwo.ca	Nov 6 2011 training

Please explain how the biological agents are used in your project and how they are stored and disposed of. The BARF without this description will not be reviewed.

T cell and endothelial cell purified from mice, and E.Coli-DH5-alpha are frozen at -80 C. Used cells or waste are disposed in the biohazard-labelled container.

EColi will be used to expand SV40 vector. SV40 will be transfected in to T cell or endothelial cell to generate cell lines.

**Please include a ONE page research summary or teaching protocol in lay terms.
Forms with summaries more than one page will not be reviewed.**

Lau summary

When a heart is irreversibly damaged and cannot be treated by any other medical or surgical means, heart transplantation is the most beneficial and highly-pursued treatment option for saving the person's life. However, the immune system of the graft recipient usually recognizes the transplant as a 'stranger', leading to organ rejection. Although immunosuppressive drugs are beneficial in the short term, transplants often are chronically rejected over time. In addition, due to the generalized suppression by these drugs, various infections and even cancers are commonly seen in transplant patients. Consequently, searching for new strategies to limit the damage caused by unwanted immune responses and to prolong graft survival has become the key objective in the field of transplantation research.

Our proposed research project will focus on the identification of an unknown mechanism of chronic heart graft rejection and the development of novel therapeutic approaches to maintaining long-term heart graft survival. The three novel approaches proposed here include: 1) exploring previously unknown mechanisms that cause heart graft damage before transplantation; 2) discovering the new role of natural killer cells in chronic heart graft injury and why natural killer cells attack the heart graft and; 3) using either genetic manipulation or drug to eliminate early heart graft damage. In this study, we will focus on the interaction between natural killer cells and heart graft cells in the early stages of transplantation as well as long term graft survival. We aim to identify a novel mechanism controlled by a newly identified molecule that controls whether heart cell live or die during transplantation. If controlling this molecule by genetic alternation or by drug inhibition is found to be effective in our animal model of heart transplantation, they may provide new solutions for maintaining heart graft survival in our transplant patients.

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)? E. Coli DH5 alpha

Please describe the risk (if any) of escape and how this will be mitigated:
E.Coli may cause diarrhea if eating, taking anti-biotics is recommended.

Please attach the CFIA permit.

Please describe any CFIA permit conditions:

1.2 Please complete the table below:

Full Scientific Name of Biological Agent(s)* (Be specific)	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
<i>E.Coli-DH5 alpha</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.5	Invitrogen	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3

**Please attach a Material Safety Data Sheet or equivalent from the supplier if the bacterium used is not on this link:*
http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf

Additional Comments: _____

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Not applicable
Rodent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	mouse spleen and heart	#2007-096
Non-human primate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Rodent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Non-human primate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Other (specify)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 types(s) indicate PHAC or CFIA containment level required 1 2 2+ 3

Additional Comments: _____

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/UNKNOWN	Name of Infectious Agent (If applicable)	PHAC or CFIA Containment Level (Select one)
Human Blood (whole) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Blood (fraction) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (unpreserved)		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

Additional Comments: _____

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 Transformed or Transfected	Will there be a change due to transformation of the bacteria?	Will there be a change in the pathogenicity of the bacteria after the genetic modification?	What are the consequences due to the transformation of the bacteria?
E.Coli DH5a	SV40		Yes	No	No	No

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

** Please attach a plasmid map.

***No Material Safety Data Sheet is required for the following strains of E. coli:

http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf

4.3 Will genetic modification(s) of bacteria and/or cells 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
Origin-defective SV40	Origin-defective SV40 no MSDS available	simian virus 40	N/A	cell expansion

* Please attach a Material Safety Data Sheet or equivalent.

4.3.1 Will virus be replication defective? YES NO

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

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

5.0 Will genetic sequences from the following be involved?

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

5.1 Is any work being conducted with prions or prion sequences? NO YES

Additional Comments: _____

6.0 Human Gene Therapy Trials

6.1 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

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

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

6.4 How will the biological agent be administered?

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

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

7.0 Animal Experiments

7.1 Will live animals be used? YES NO If NO, please proceed to section 8.0

7.2 Name of animal species to be used **mouse**

7.3 AUS protocol # **2007-096**

7.4 Will any of the agents listed in section 4.0 be used in live animals
 NO YES, specify: **T cell**

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

8.0 Use of Animal species with Zoonotic Hazards

8.1 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 9.0

8.2 Will live animals be used? YES NO

8.3 If YES, please specify the animal(s) used:

- | | | |
|-----------------------------|--|-----------------------------|
| ◆ Pound source dogs | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Pound source cats | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ◆ Cattle, sheep or goats | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Non-human primates | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Wild caught animals | <input type="checkbox"/> YES, species & colony # | <input type="checkbox"/> NO |
| ◆ Birds | <input type="checkbox"/> YES, species | <input type="checkbox"/> NO |
| ◆ Others (wild or domestic) | <input type="checkbox"/> YES, specify | <input type="checkbox"/> NO |

8.4 If no live animals are used, please specify the source of the specimens:

9.0 Biological Toxins and Hormones

9.1 Will toxins or hormones of biological origin be used? YES NO If **NO**, please proceed to Section 10.0

9.2 If YES, please name the toxin(s) or hormones(s) **streptolysin O**
Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

9.3 What is the LD₅₀ (specify species) of the toxin or hormone **no data available**

9.4 How much of the toxin or hormone is handled at one time*? **100 unit**

9.5 How much of the toxin or hormone is stored*? **25,000 unit, One unit will cause 50% lysis of 2% red blood cell**

9.6 Will any biological toxins or hormones be used in live animals? YES NO
If **YES**, Please provide details:

*For information on biosecurity requirements, please see:

http://www.uwo.ca/humanresources/docandform/docs/healthandsafety/biosafety/Biosecurity_Requirements.pdf

Additional Comments: We will use this reagent as performin for cytotoxicity assay

10.0 Insects

10.1 Do you use insects? 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 insect?

10.4 What is the life stage of the insect?

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

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

10.7 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:

11.0 Plants

- 11.1 Do you use plants? YES NO - If NO, please proceed to Section 12.0
- 11.2 If YES, please give the name of the species.
- 11.3 What is the origin of the plant?
- 11.4 What is the form of the plant (seed, seedling, plant, tree...)?
- 11.5 What is your intention? Grow and maintain a crop "One-time" use
- 11.6 Do you do any modifications to the plant? YES NO
If yes, please describe:
- 11.7 Please describe the risk (if any) of loss of the material from the lab and how this will be mitigated:
- 11.8 Is the CFIA permit attached? YES NO
If YES, Please attach the CFIA permit & describe any CFIA permit conditions:

12.0 Import Requirements

- 12.1 Will any of the above agents be imported? YES, country of origin NO
If NO, please proceed to Section 13.0
- 12.2 Has an Import Permit been obtained from HC for human pathogens? YES NO
- 12.3 Has an import permit been obtained from CFIA for animal or plant pathogens? YES NO
- 12.4 Has the import permit been sent to OHS? YES, please provide permit # NO

13.0 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.

An X in the check box indicates you agree with the above statement...
Enter Your Name Zhu-Xu Zhang **Date:** Oct 28, 2011

14.0 Containment Levels

14.1 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

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

YES, location and date of most recent biosafety inspection: *November 28, 2011*
 NO, please certify *M. Ryd*
 NOT REQUIRED for Level 1 containment

14.3 Please indicate permit number (not applicable for first time applicants): **BIO-LHRI-0049**

15.0 Procedures to be Followed

15.1 Are additional risk reduction measures necessary beyond containment level 1, 2, 2+ or 3 measures that are unique to these agents? YES NO

If YES please describe:

15.2 Please outline what will be done if there is an exposure to the biological agents listed such as a needlestick injury or an accidental splash:

For splash: Protect people, environment, property and cover the area with paper towel and clean with bleach. Beyond control

For injury or exposure: Obtain First Aid and treat according to MSDS or send to Emergency clinic, report to supervisor, and report to Occupation Health and Safety Services at 77707. Complete Workplace Occurrence Report. Beyond control call 55555

15.3 As the Principal Investigator, I will ensure that I am familiar with the Biosafety Guidelines and Procedures Manual for Containment Level 1, 2, 2+ or 3 projects). I will ensure that UWO faculty, staff and students are familiar with the up-to-date Hazard Communication Form, found at <http://www.uwo.ca/biosafety>

Typos

An X in the check box indicates you agree with the above statement...

Enter Your Name Zhu-Xu Zhang Date: Oct 28, 2011

15.4 Additional Comments: _____

16.0 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: *M. Ryd*
Date: *November 28, 2011*

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

Special Conditions of Approval:



Office of Biohazard Containment and Safety
Science Branch, CFIA
59 Camelot Drive, Ottawa, Ontario K1A 0Y9
Tel: (613) 221-7068 Fax: (613) 228-6129
Email: ImportZoopath@inspection.gc.ca

Bureau du confinement des biorisques et sécurité
Direction générale des sciences, ACIA
59 promenade Camelot, Ottawa, Ontario K1A 0Y9
Tél: (613) 221-7068 Téléc: (613) 228-6129
Courriel: ImportZoopath@inspection.gc.ca

October 20th, 2009

Ms. Shamila Survery / Mr. Michael Decosimo
Cedarlane Laboratories Ltd
4410 Paletta Court
Burlington, Ontario L7L 5R2

By Facsimile: (289) 288-0020

SUBJECT: Importation of *Escherichia coli* strains

Dear Ms. Survery / Mr. Decosimo:

Our office received your query about the importation of *Escherichia coli* from the American Type Culture Collection (ATCC) located in Manassas, Virginia, United States. The following *Escherichia coli* strains are considered to be level 1 animal pathogens:

- | | | | | |
|---------------|--------------------|-----------|-------------------|----------------|
| • 5K | • CIE85 | • J52 | • MC4100 (MuLac) | • U5/41 |
| • 58 | • DH1 | • J53 | • MG1655 | • W208 |
| • 58-161 | • DH10 GOLD | • JC3272 | • MM294 | • W945 |
| • 679 | • DH10B | • JC7661 | • MS101 | • W1485 |
| • 1532 | • DH5 | • JC9387 | • NC-7 | • W3104 |
| • AB284 | • DH5-alpha | • JF1504 | • Nissle 1917 | • W3110 |
| • AB311 | • DP50 | • JF1508 | • One Shot STBL3 | • WA704 |
| • AB1157 | • DY145 | • JF1509 | • OP50 | • WP2 |
| • AB1206 | • DY380 | • JJ055 | • P678 | • X1854 |
| • AG1 | • E11 | • JM83 | • PA309 | • X2160T |
| • B | • EJ183 | • JM101 | • PK-5 | • X2541 |
| • BB4 | • EL250 | • JM109 | • PMC103 | • X2547T |
| • BD792 | • EMG2 | • K12 | • PR13 | • XL1-BLUE |
| • BL21 | • EPI 300 | • KC8 | • Rri | • XL1-BLUE-MRF |
| • BL21 (DE3) | • EZ10 | • KA802 | • RV308 | • XL0LR |
| • BM25.8 | • FDA Seattle 1946 | • KAM32 | • S17-1λ -PIR | • Y10 |
| • C | • Fusion-Blue | • KAM33 | • SCS1 | • Y1090 (1090) |
| • C-1a | • H1443 | • KAM43 | • SMR10 | • YN2980 |
| • C-3000 | • HF4714 | • LE450 | • SOLR | • W3110 |
| • C25 | • HB101 | • LE451 | • SuperchargeEZ10 | • WG1 |
| • C41 (DE3) | • HS(PFAMP)R | • LE452 | • SURE | • WG439 |
| • C43 (DE3) | • Hfr3000 | • MB408 | • TOP10 | • WG443 |
| • C600 | • Hfr3000 X74 | • MBX1928 | • TG1 | • WG445 |
| • Cavalli Hfr | • HMS174 | • MC1061 | | |

The Office of Biohazard Containment and Safety (BCS) of the Canadian Food Inspection Agency (CFIA) only issues import permits for microorganisms that are pathogenic to animals, or parts of microorganisms that are pathogenic to animals. As the products listed above are not considered pathogenic to animals, the Office of BCS does not have any regulatory requirements for their importation.

Please note that other legislation may apply. You may wish to contact the Public Health Agency of Canada's (PHAC) Office of Laboratory Security at (613) 957-1779.

Note: Microorganisms pathogenic to animals and veterinary biologics require an import permit from the CFIA.

Sincerely,

Cinthia Labrie
Head, Animal Pathogen Importation Program
Office of Biohazard Containment & Safety

MSDS'

SIGMA-ALDRICH

sigma-aldrich.com

Material Safety Data Sheet

Version 3.2
Revision Date 10/22/2010
Print Date 10/26/2011

1. PRODUCT AND COMPANY IDENTIFICATION

Product name : **Streptolysin O, from *Streptococcus pyogenes***

Product Number : S0149
Brand : Sigma
Product Use : For laboratory research purposes.

Supplier : Sigma-Aldrich Canada, Ltd
2149 Winston Park Drive
OAKVILLE ON L6H 6J8
CANADA

Manufacturer : Sigma-Aldrich Corporation
3050 Spruce St.
St. Louis, Missouri 63103
USA

Telephone : +1 9058299500
Fax : +1 9058299292
Emergency Phone # (For both supplier and manufacturer) : 1-800-424-9300

Preparation Information : Sigma-Aldrich Corporation
Product Safety - Americas Region
1-800-521-8956

2. HAZARDS IDENTIFICATION

Emergency Overview

Target Organs

Blood

WHMIS Classification

Not WHMIS controlled.

Not WHMIS controlled.

Not a dangerous substance according to GHS.

HMIS Classification

Health hazard: 0
Chronic Health Hazard: *
Flammability: 0
Physical hazards: 0

Potential Health Effects

Inhalation May be harmful if inhaled. May cause respiratory tract irritation.
Skin May be harmful if absorbed through skin. May cause skin irritation.
Eyes May cause eye irritation.
Ingestion May be harmful if swallowed.

3. COMPOSITION/INFORMATION ON INGREDIENTS

CAS-No.	EC-No.	Index-No.	Concentration
Hemolysins O, streptococcus group A			
98072-47-0	308-500-3	-	-

4. FIRST AID MEASURES

General advice

Move out of dangerous area.

If inhaled

If breathed in, move person into fresh air. If not breathing, give artificial respiration.

In case of skin contact

Wash off with soap and plenty of water.

In case of eye contact

Flush eyes with water as a precaution.

If swallowed

Never give anything by mouth to an unconscious person. Rinse mouth with water.

5. FIRE-FIGHTING MEASURES**Conditions of flammability**

Not flammable or combustible.

Suitable extinguishing media

Use water spray, alcohol-resistant foam, dry chemical or carbon dioxide.

Special protective equipment for fire-fighters

Wear self contained breathing apparatus for fire fighting if necessary.

Hazardous combustion products

Hazardous decomposition products formed under fire conditions. - Nature of decomposition products not known.

Explosion data - sensitivity to mechanical impact

no data available

Explosion data - sensitivity to static discharge

no data available

6. ACCIDENTAL RELEASE MEASURES**Personal precautions**

Avoid dust formation. Avoid breathing vapors, mist or gas.

Environmental precautions

Do not let product enter drains.

Methods and materials for containment and cleaning up

Sweep up and shovel. Keep in suitable, closed containers for disposal.

7. HANDLING AND STORAGE**Precautions for safe handling**

Provide appropriate exhaust ventilation at places where dust is formed. Normal measures for preventive fire protection.

Conditions for safe storage

Keep container tightly closed in a dry and well-ventilated place.

Recommended storage temperature: 2 - 8 °C

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

Contains no substances with occupational exposure limit values.

Personal protective equipment**Respiratory protection**

Respiratory protection is not required. Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN 143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU).

Hand protection

Handle with gloves. Gloves must be inspected prior to use. Use proper glove removal technique (without touching glove's outer surface) to avoid skin contact with this product. Dispose of contaminated gloves after use in accordance with applicable laws and good laboratory practices. Wash and dry hands.

Eye protection

Use equipment for eye protection tested and approved under appropriate government standards such as NIOSH (US) or EN 166(EU).

Skin and body protection

Choose body protection in relation to its type, to the concentration and amount of dangerous substances, and to the specific work-place., The type of protective equipment must be selected according to the concentration and amount of the dangerous substance at the specific workplace.

Hygiene measures

General industrial hygiene practice.

Specific engineering controls

Use mechanical exhaust or laboratory fumehood to avoid exposure.

9. PHYSICAL AND CHEMICAL PROPERTIES**Appearance**

Form	solid
Colour	no data available

Safety data

pH	no data available
Melting/freezing point	no data available
Boiling point	no data available
Flash point	no data available
Ignition temperature	no data available
Autoignition temperature	no data available
Lower explosion limit	no data available
Upper explosion limit	no data available
Vapour pressure	no data available
Density	no data available
Water solubility	no data available
Partition coefficient: n-octanol/water	no data available
Relative vapour density	no data available
Odour	no data available
Odour Threshold	no data available
Evaporation rate	no data available

10. STABILITY AND REACTIVITY**Chemical stability**

Stable under recommended storage conditions.

Possibility of hazardous reactions

no data available

Conditions to avoid

no data available

Materials to avoid

Strong oxidizing agents

Hazardous decomposition products

Hazardous decomposition products formed under fire conditions. - Nature of decomposition products not known.

11. TOXICOLOGICAL INFORMATION**Acute toxicity****Oral LD50**

no data available

Inhalation LC50

no data available

Dermal LD50

no data available

Other information on acute toxicity

no data available

Skin corrosion/irritation

no data available

Serious eye damage/eye irritation

no data available

Respiratory or skin sensitization

Prolonged or repeated exposure may cause allergic reactions in certain sensitive individuals.

Germ cell mutagenicity

no data available

Carcinogenicity

IARC: No component of this product present at levels greater than or equal to 0.1% is identified as probable, possible or confirmed human carcinogen by IARC.

ACGIH: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.

Reproductive toxicity

no data available

Teratogenicity

no data available

Specific target organ toxicity - single exposure (Globally Harmonized System)

no data available

Specific target organ toxicity - repeated exposure (Globally Harmonized System)

no data available

Aspiration hazard

no data available

Potential health effects**Inhalation**

May be harmful if inhaled. May cause respiratory tract irritation.

Ingestion

May be harmful if swallowed.

Skin

May be harmful if absorbed through skin. May cause skin irritation.

Eyes

May cause eye irritation.

Signs and Symptoms of Exposure

To the best of our knowledge, the chemical, physical, and toxicological properties have not been thoroughly investigated.

Synergistic effects

no data available

Additional Information

RTECS: Not available

12. ECOLOGICAL INFORMATION**Toxicity**

no data available

Persistence and degradability

no data available

Bioaccumulative potential

no data available

Mobility in soil

no data available

PBT and vPvB assessment

no data available

Other adverse effects

no data available

13. DISPOSAL CONSIDERATIONS**Product**

Offer surplus and non-recyclable solutions to a licensed disposal company.

Contaminated packaging

Dispose of as unused product.

14. TRANSPORT INFORMATION**DOT (US)**

Not dangerous goods

IMDG

Not dangerous goods

IATA

Not dangerous goods

15. REGULATORY INFORMATION**DSL Status**

This product contains the following components that are not on the Canadian DSL nor NDSL lists.

Hemolysins O, streptococcus group A

CAS-No.
98072-47-0

WHMIS Classification

Not WHMIS controlled.

Not WHMIS controlled.

This product has been classified in accordance with the hazard criteria of the Controlled Products Regulations and the MSDS contains all the information required by the Controlled Products Regulations.

16. OTHER INFORMATION**Further information**

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