

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 are using rats and mice to explore the regulation of kidney gene expression. These two species are being dehydrated for up to 48 hours (water withdrawal) or injected with vasopressin. The animals are then sacrificed with CO₂.

We are not using the dog kidney cell line from ATCC at present but when we do we raise the levels of NaCl in the culture media to stimulate gene expression. The cells are then harvested 1-24 hours later for analysis of gene expression.

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Please include a one page research summary or teaching protocol.

In this proposal we are seeking to further our understanding of stanniocalcin-1 (STC-1) functions in fish (rainbow trout) and invertebrates (aquatic leeches).

Studies in Fish. One area that remains unexplored in fishes is the distribution and regulation of STC-1 receptors. In mammals, we have developed the tools to quantify and localize STC-1 receptors histologically. On account of the high homology between fish and mammalian STCs, these same tools work with equal efficacy on fish tissues. Thus far we have quantified and localized histologically, high affinity binding sites in fish kidney, gut and gill, as well as pseudobranch, muscle, heart, fat, cartilage and brain.

We would now like to focus on receptor regulation in those tissues principally involved in calcium balance (gill, gut, kidney). This will entail comparing receptor levels in fish held in freshwater, as compared to those in 1/3, 2/3 and full strength seawater. In addition, we also intend to examine the effects of high and low serum STC levels on receptor densities in these same tissues.

We also intend to explore the notion that STC-1 and its receptor are targeted to subcellular organelles such as mitochondria, as is the case in mammals. The likelihood of this is high given that other labs (J.H. Youson) have localized STC-1 to kidney mitochondria at the EM level.

Lastly, we intend to purify and characterize the ovarian variant of STC from rainbow trout ovary. Ovarian STC is more heavily glycosylated than corpuscle of Stannius-derived STC (12 kDa vs 5 kDa of sugar) and appears to have a smaller protein core. Our intent is to test the purified hormone for biological effects on oocyte growth.

Studies in leeches. We will continue in our efforts to purify the leech form of STC and have at hand several kilograms of frozen starting material for this project. This project was set back by the withdrawal of Teri Dickinson, who was slated to purify the leech protein. In addition, we want to explore in greater depth the regulation of calcium transport across the leech skin.

Questions to be addressed include:

- 1) whether leeches undergo cyclical rates of calcium uptake, as occurs in fishes, and if so, what their frequency is.
- 2) whether calcium uptake is governed in any way by environmental calcium levels.
- 3) whether the rate of calcium uptake can be modulated by injections of calcium, phosphate, or antibodies to fish STC.

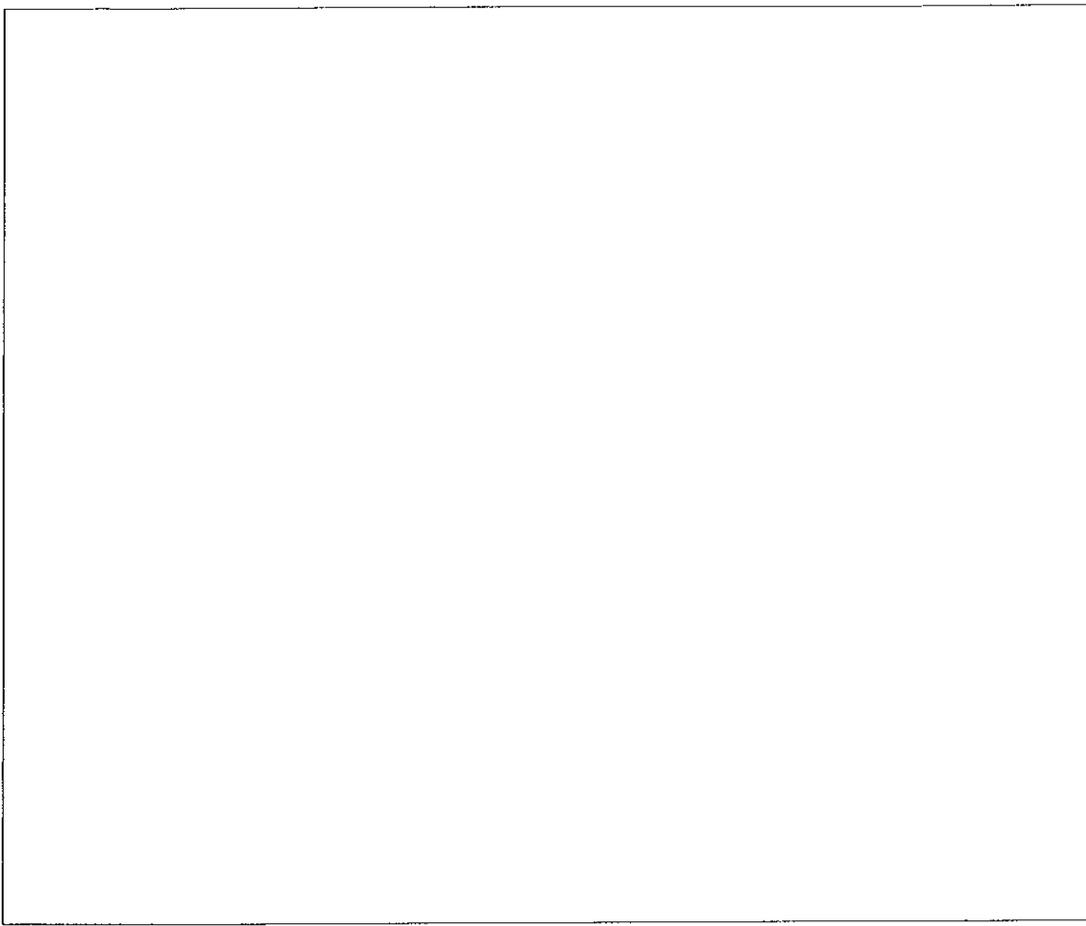
We also want to study the ontogeny of the STC cell in the leech, so as to determine the origin of the cells and their stage of appearance.

Lastly, we have discovered that leech nephridia contain high levels of STC immunoreactivity. Therefore, we intend to explore this finding in more detail, to determine if these cells make STC, are targets of the hormone and what effect if any STC might have on nephridia function.

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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:

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1.2 Please complete the table below:

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
	<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
	<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 type="radio"/> Yes <input type="radio"/> No		Not applicable
Rodent	<input type="radio"/> Yes <input type="radio"/> No		
Non-human primate	<input type="radio"/> Yes <input type="radio"/> No		
Other (specify) <u>Dog</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>ATCC</u>	<u>2008-042-06</u>

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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)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	<input type="radio"/> Yes <input type="radio"/> No			
Rodent	<input type="radio"/> Yes <input type="radio"/> No			
Non-human primate	<input type="radio"/> Yes <input type="radio"/> No			
Other (specify) <u>Dog</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<u>Madin-Darby canine Kidney</u>	<u>1</u>	<u>ATCC</u>

*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/UNKNOWN	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"/> 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"/> 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"/> 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.

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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

* 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 Wistar rats and C57Bl/6 mice

6.3 AUS protocol # 2008-042-06

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: _____

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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 Will live animals be used? YES No

7.3 If yes, 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 _____ NO
- ◆ Wild caught animals YES, please specify species & colony # _____ NO
- ◆ Birds YES, please specify species _____ NO
- ◆ Others (wild or domestic) YES, please specify mice and rats NO

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

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:

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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 biological agents in Sections 1.0 to 9.0 have been trained.

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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, date of most recent biosafety inspection: _____
 NO, please certify
 NOT REQUIRED for Level 1 containment

13.3 Please indicate permit number (not applicable for first time applicants): _____

14.0 Procedures to be Followed

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

_____ n/a _____

14.2 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:

_____ the agent we inject, vasopressin, is not toxic to humans at the concentrations employed in the syringe. So, a needle stick from a syringe containing this compound would be treated as if it contained sterile saline. The wound would be swabbed with 70% ethanol, bandaged and observed for any signs of infection. _____

14.3 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 _____ *J. Wagner* Date: Jan 4/11

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: _____

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

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Special Conditions of Approval:

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Patent Depository

ATCC® Number: **PTA-6500™** [Order this Item](#) Price: **\$200.00**Designation / Description: **Madin Darby Canine Kidney Cell line(MDCK); MDCK in 10%FBS DMEM, p61**U.S. Patent Number: [7,670,837](#)Biosafety Level: 1

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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.

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