THE UNIVERSITY OF WESTERN ONTARIO
BIOLOGICAL AGENTS REGISTRY FORM
Approved Biohazards Subcommittee: October 14, 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	GRBIC, MIODRAG
DEPARTMENT	BIOLOGY
ADDRESS	B & G, room 3051
PHONE NUMBER	661-2111 Ext. 86794
EMERGENCY PHONE NUMBER(S)	661-2111 Ext. 86467
EMAIL	mgrbic@uwo.ca

Location of experimental work to be carried out: Building(s) B&G, WSC Room(s) 3051, 339

*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: GENOME CANADA
GRANT TITLE(S): GENOMICS IN AGRICULTURAL PEST MANAGEMENT - GAP-M

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

Name	UWO E-mail Address	Date of Biosafety Training
Popovic Biljana	bpopovic@uwo.ca	19 Oct 2009
Vujevic Miljana	mvujevic@uwo.ca	19 Oct 2009
Ingrid Fung	ifung8@uwo.ca	19 Oct 2009
Christopher Doan	cdoan6@uwo.ca	19 Oct 2009
Preetam Janakiraman	pjanakir@uwo.ca	24 June 2007
Vladimir Zhurov	vzhurov2@uwo.ca	May 2006

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.

DH5α used for transformation, stored at -80°C, use with gloves and AUTOCLAVE prior to disposal with proper label.

Please include a one page research summary or teaching protocol.

NEXT PAGE

SCIENTIFIC SUMMARY

Application of chemical pesticides in agriculture represents one of the major costs of agricultural production and is a key source of environmental pollution and destruction of wildlife. The current need for novel methods of pest control coincides with unprecedented advances in genomic analyses of crop plants that open novel avenues for biotechnology. In contrast , genomic resources for pest species,necessary for the development of new control strategies , are lagging behind. Thus, the current gap in knowledge about pest genetics , genomic and plant-pest interactions is a major obstacle for the development of alternative pest control strategies.

This research builds on a novel pest genomic resource , the whole-genome sequence of a major agri cultural pest , the two-spotted spider mite (Tetranychus urticae) .The lead investigator in the ongoing sequencing effort of the pest genome is Canadian PI , Prof. Miodrag Grbic. The genome-sequencing project is funded by the US Department of Energy and is generating one of the first genome sequences of a pest herbivore , providing a unique resource for the development of novel pest control strategies. That is utilizes genome sequence data to create tools and technologies for new pest control strategies. Once tools are developed , they will allow us for the first time , to analyse both plant and pest genome-wide responses that result from herbivory. Based on these findings , we will develop and test novel pest control strategies.

T.urticae is one of major pest in agriculture. It feeds on over 1000 plant species and has rapid development (generation time of 7 days in a hot season).It represents a key pest for greenhouse crops , annual field crops and many horticultural crops. The use of chemical pesticides is the predominant method of controlling spider mites. However , due to their short generation time and high reproduction rate, spider mites have developed resistance to the major pesticide groups , presenting a major challenge to control them. Currently , there are no cultivars resistant to spider mites.

The focus of our work is to enhance knowledge on plant-pest interaction using novel high throughput genomic resources. This project will generate data , novel tools, resources and technologies for the sustainable pest control. Toward that goal , we have created a multidisciplinary group that combines genomic, bio informatics , genetics , biochemistry, population biology, plant biotechnology and plant breeding.

Specific objectives of our work are to:

1. Annotate the genome of the T. Urticae and develop a spider mite whole genome expression microarray
2. 2. Analyze natural variation of plant resistance to spider mites using high-throughput genomic technologies
3. Perform pest transcriptome profiling to characterize the consequences of feeding on resistant and susceptible plants
4. Create RNAi-expressing pest-resistant transgenic plants targeting various pest genes
5. Test the efficiency of the RNAi-expressing transgenic plants on pests and side effects on non-target organisms
6. Develop best practises for Intellectual Property and Material Transfer Agreement managements, in a context of a genomic approach to pest control.

1.0 Microorganisms

1.1 Does your work involve the use of biological agents? ☑ YES O 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? O 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 conditi

_____
_____
_____

E. coli DH5α

	human pathogen? YES/NO	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
DH5α	O Yes ☑ No	O Yes ☑ No	O Yes ☑ No	0.0001 L	Invitrogen	☒ 1 O 2 O 2+ O 3
	O Yes O No	O Yes O No	O Yes O No			O 1 O 2 O 2+ O 3
	O Yes O No	O Yes O No	O Yes O No			O 1 O 2 O 2+ O 3
	O Yes O No	O Yes O No	O Yes O No			O 1 O 2 O 2+ O 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? O 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	O Yes O No		Not applicable
Rodent	O Yes O No		
Non-human primate	O Yes O No		
Other (specify)	O Yes O 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	O Yes O No		
Rodent	O Yes O No		
Non-human primate	O Yes O No		
Other (specify)	O Yes O 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 O 1 O 2 O 2+ O 3

3.0 Use of Human Source Materials

3.1 Does your work involve the use of human source materials? O YES Ø 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		O Yes O Unknown		O 1 O 2 O 2+ O 3
Human Blood (fraction) or other Body Fluid		O Yes O Unknown		O 1 O 2 O 2+ O 3
Human Organs or Tissues (unpreserved)		O Yes O Unknown		O 1 O 2 O 2+ O 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? Ø YES O NO If no, please proceed to Section 5.0

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

Bacteria Used for Cloning *	Plasmid(s) **	Source of Plasmid	Gene Transfected	Describe the change that results from transformation or tranfection
DH5α	pGEM-T	Promega	fibroin gene	antibiotic resistance Amp

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

4.3 Will genetic modification(s) of bacteria and/or cells involving viral vectors be made?
O 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 O YES, please specify _____ O NO
- HTLV 1 or 2 or genes from any Level 1 or Level 2 pathogens O YES, specify _____ O NO
- SV 40 Large T antigen O YES O NO
- E1A oncogene O YES O NO
- Known oncogenes O YES, please specify _____ O NO
- Other human or animal pathogen and or their toxins O YES, please specify _____ O NO

4.5 Will virus be replication defective? O YES O NO

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

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

5.0 Human Gene Therapy Trials

5.1 Will human clinical trials be conducted involving a biological agent? O 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? O YES O 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? O YES, number: _____ O NO O PENDING

6.0 Animal Experiments

6.1 Will live animals be used? O 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 O YES, specify: _____ O NO

6.5 Will the agent(s) be shed by the animal: O YES O 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)? O YES Ø No If no, please proceed to section 8.0

7.2 Will live animals be used? O YES O No

7.3 If yes, please specify the animal(s) used:

- Pound source dogs O YES O NO
- Pound source cats O YES O NO
- Cattle, sheep or goats O YES, please specify species _____ O NO
- Non-human primates O YES, please specify species _____ O NO
- Wild caught animals O YES, please specify species & colony # _____ O NO
- Birds O YES, please specify species _____ O NO
- Others (wild or domestic) O YES, please specify _____ O 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? O YES Ø 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 LD_{50} (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? O YES, Please provide details:_____ O 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? Ø YES O NO If no, please proceed to Section 10.0

9.2 If YES, please give the name of the species. SPIDER MITE

9.3 What is the origin of the insect? LOCAL

9.4 What is the life stage of the insect? ALL STAGES

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

9.6 Please describe the risk (if any) of escape and how this will be mitigated:
NO RISK

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. bean, tomato, arabidopsis

10.3 What is the origin of the plant? Stokes, TGRC, ABRC

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

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: Transgenic

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

No risk, plants are autoclaved

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.

SIGNATURE M. Jelic

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 BIO-UWO-0036

○ 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 M. Oprić Date: 19/01/11

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.

N/A

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

No action necessary

15.0 Approvals

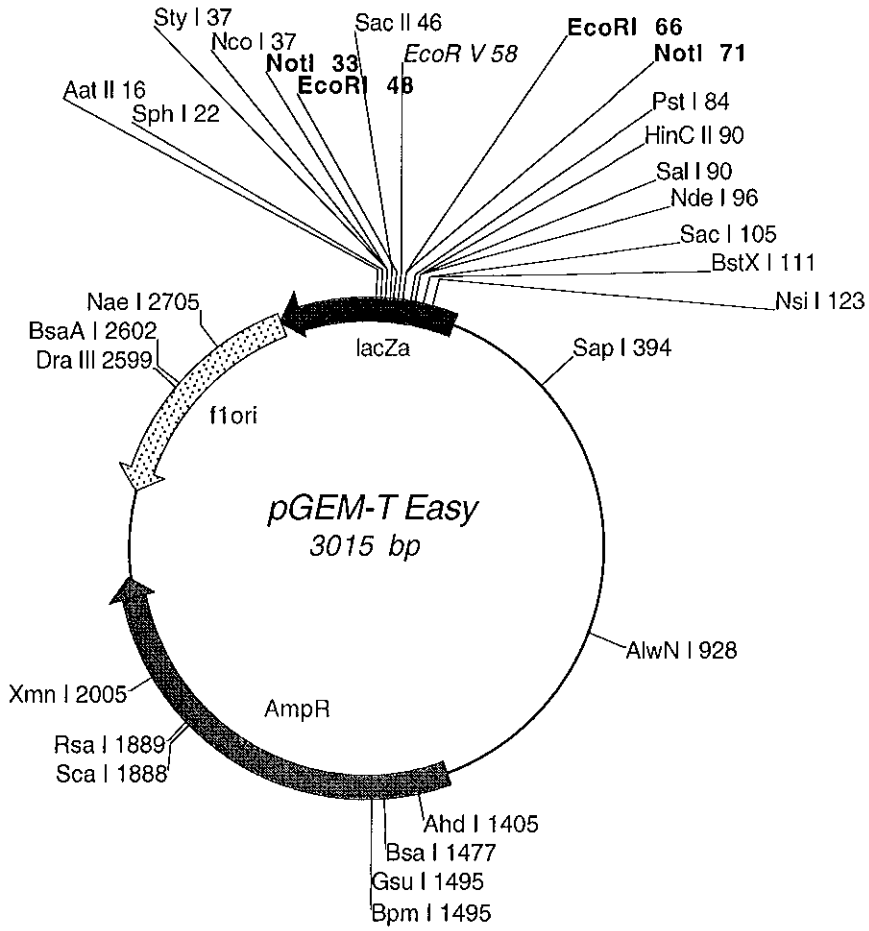
1) UWO Biohazards Subcommittee: SIGNATURE: _____
Date: _____

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): _____

Special Conditions of Approval:



Plasmid name: pGEM-T Easy
Plasmid size: 3015 bp
Constructed by: Promega Corporation, Madison, WI.
Construction date:
Comments: T7 RNA Polymerase transcription initiation site 1
SP6 RNA Polymerase transcription initiation site 141
T7 RNA Polymerase promoter (-17 to +3) 2999-3
SP6 RNA Polymerase promoter (-17 to +3) 139-158
multiple cloning region 10-128
lacZ start codon 180
lac operon sequences 2836-2996, 166-395
lac operator 200-216
beta-lactamase coding region 1337-2197
phage f1 region 2380-2835
binding site of pUC/M13 Forward Sequencing Primer 2956-2972
binding site of pUC/M13 Reverse Sequencing Primer 176-192

The pGEM(R)-T Easy Vector has been linearized with EcoRV at Base 60 of this sequence (indicated by an asterisk *) and a T added to both 3' -ends.

MATERIAL SAFETY DATA SHEET

Revised 11/21/02
Replaces 6/19/02
Printed 12/12/02

ME DH5A T1 COMPETENT CELLS
INVITROGEN CORPORATION
MSDS ID: 12297

1. PRODUCT AND COMPANY INFORMATION

INVITROGEN CORPORATION
1600 FARADAY AVE.
CARLSBAD, CA 92008
760/603-7200

GIBCO PRODUCTS
INVITROGEN CORPORATION
3175 STALEY ROAD P.O. BOX 68
GRAND ISLAND, NY 14072
716/774-6700

INVITROGEN CORPORATION
3 FOUNTAIN DR.
INCHINNAN BUSINESS PARK
PAISLEY, PA4 9RF
SCOTLAND
44-141 814-6100

INVITROGEN CORPORATION
P.O. BOX 12-502
PENROSE
AUCKLAND 1135
NEW ZEALAND
64-9-579-3024

INVITROGEN CORPORATION
2270 INDUSTRIAL ST.
BURLINGTON, ONT
CANADA L7P 1A1
905/335-2255

EMERGENCY NUMBER (SPILLS, EXPOSURES): 301/431-8585 (24 HOUR)
800/451-8346 (24 HOUR)
NON-EMERGENCY INFORMATION: 800/955-6288

Product Name:
ME DH5a T1 COMPETENT CELLS

NOTE: If this product is a kit or is supplied with more than one material, please refer to the MSDS for each component for hazard information.

Product Use:
These products are for laboratory research use only and are not intended for human or animal diagnostics, therpeutic, or other clinical uses.

Synonyms:
Not available.

2. COMPOSITION, INFORMATION ON INGREDIENTS

The following list shows components of this product classified as hazardous based on physical properties and health effects:

Component	CAS No.	Percent
DIMETHYL SULFOXIDE	67-68-5	3 - 7
GLYCEROL	56-81-5	7 - 13

3. HAZARDS IDENTIFICATION

********** EMERGENCY OVERVIEW **********
Warning!
Irritant.
Harmful if absorbed.
****

Potential Health Effects:
Eye:
Can cause moderate irritation, tearing and reddening, but not likely to permanently injure eye tissue.

Skin:
Can cause moderate skin irritation, defatting, and dermatitis. Not likely to cause permanent damage.
Upon prolonged or repeated exposure, harmful if absorbed through the skin. May cause minor systemic damage.

Inhalation:
Can cause moderate respiratory irritation, dizziness, weakness, fatigue, nausea and headache.
No toxicity expected from inhalation.

Ingestion:
Irritating to mouth, throat, and stomach. Can cause abdominal discomfort, nausea, vomiting and diarrhea.

Chronic:
No data on cancer.

4. FIRST AID MEASURES

Eye:
Flush eyes with plenty of water for at least 20 minutes retracting eyelids often. Tilt the head to prevent chemical from transferring to the uncontaminated eye. Get immediate medical attention.

Skin:
Wash with soap and water. Get medical attention if irritation develops or persists.

Inhalation:
Remove to fresh air. If breathing is difficult, have a trained individual administer oxygen. If not breathing, give artificial respiration and have a trained individual administer oxygen. Get medical attention immediately.

Ingestion:
Do not induce vomiting and seek medical attention immediately. Drink two

4. FIRST AID MEASURES (CONT.)

glasses of water or milk to dilute. Provide medical care provider with this MSDS.

Note To Physician:
Treat symptomatically.

5. FIRE FIGHTING MEASURES

Flashpoint Deg C:
Not available.

Upper Flammable Limit %:
Not available.

Lower Flammable Limit %:
Not available.

Autoignition Temperature Deg C:
Not available.

Extinguishing Media:
Use alcohol resistant foam, carbon dioxide, dry chemical, or water spray when fighting fires. Water or foam may cause frothing if liquid is burning but it still may be a useful extinguishing agent if carefully applied to the fire. Do not direct a water stream directly into the hot burning liquid. Use water spray/fog for cooling.

Firefighting Techniques/Equipment:
Do not enter fire area without proper protection including self-contained breathing apparatus and full protective equipment. Fight fire from a safe distance and a protected location due to the potential of hazardous vapors and decomposition products.

Hazardous Combustion Products:
Includes carbon dioxide, carbon monoxide, dense smoke.

6. ACCIDENTAL RELEASE MEASURES

Accidental releases may be subject to special reporting requirements and other regulatory mandates. Refer to Section 8 for personal protection equipment recommendations.

Spill Cleanup:
Exposure to the spilled material may be irritating or harmful. Follow personal protective equipment recommendations found in Section VIII of this MSDS. Additional precautions may be necessary based on special circumstances created by the spill including; the material spilled, the quantity of the spill, the area in which the spill occurred. Also consider

6. ACCIDENTAL RELEASE MEASURES (CONT.)

the expertise of employees in the area responding to the spill.
Ventilate the contaminated area.
Prevent the spread of any spill to minimize harm to human health and the environment if safe to do so. Wear complete and proper personal protective equipment following the recommendation of Section VIII at a minimum. Dike with suitable absorbent material like granulated clay. Gather and store in a sealed container pending a waste disposal evaluation.

7. HANDLING AND STORAGE

Storage of some materials is regulated by federal, state, and/or local laws.

Storage Pressure:
Ambient

Handling Procedures:
Harmful or irritating material. Avoid contacting and avoid breathing the material. Use only in a well ventilated area.
Keep closed or covered when not in use.

Storage Procedures:
Store in a cool dry ventilated location. Isolate from incompatible materials and conditions. Keep container(s) closed.
Suitable for most general chemical storage areas.

8. EXPOSURE CONTROLS, PERSONAL PROTECTION

Exposure Limits:

Component	OSHA PEL (ppm)	AGCIH TWA (ppm)
DIMETHYL SULFOXIDE	Not established.	Not established.
GLYCEROL	15	10 MG/M3

Engineering Controls:
Local exhaust ventilation or other engineering controls are normally required when handling or using this product to avoid overexposure.

Personal Protective Equipment:

Eye:
An eye wash station must be available where this product is used.
Wear chemically resistant safety glasses with side shields when handling this product. Wear additional eye protection such as chemical splash goggles and/or face shield when the possibility exists for eye contact with splashing or spraying liquid, or airborne material. Do not wear contact lenses. Have an eye wash station available.

8. EXPOSURE CONTROLS, PERSONAL PROTECTION (CONT.)

Skin:
Avoid skin contact by wearing chemically resistant gloves, an apron and other protective equipment depending upon conditions of use. Inspect gloves for chemical break-through and replace at regular intervals. Clean protective equipment regularly. Wash hands and other exposed areas with mild soap and water before eating, drinking, and when leaving work. Have a safety shower available.

Respiratory:
Use supplied-air respiratory equipment as required.
NIOSH approved air purifying respirator with dust/mist filter.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance/physical state:	Slightly viscous liquid. White or translucent.
Odor:	Like or similar to garlic.
Boiling Point (C):	217.4 102.99
Melting Point (C):	27.86 -2.3
Solubility in water:	Not established.
pH:	Not established.
Vapor Pressure:	23.5 @ 25C
Vapor Density:	0.62
Specific Gravity/Density:	1.233 @ 20C
Octanol/water Partition Coeff:	Not established.
Volatiles:	7.55 @ 25C
Evaporation Rate:	0.99
Viscosity:	Not established.

10. STABILITY AND REACTIVITY

Stability:
Stable under normal conditions.

Conditions to Avoid:
Strong oxidizing agents. Temperatures above the high flash point of this combustible material in combination with sparks, open flames, or other sources of ignition. Strong alkalies. Temperatures above flash point in combination with sparks, open flames, or other sources of ignition.

Hazardous Decomposition Products:
Carbon monoxide. Carbon dioxide. Sulfur containing gases.

Hazardous Polymerization:
Hazardous polymerization will not occur.

11. TOXICOLOGICAL INFORMATION

Acute Toxicity:

Dermal/Skin:
DIMETHYL SULFOXIDE: 40 GM/KG

Inhalation/Respiratory:
Not determined.

Oral/Ingestion:
DIMETHYL SULFOXIDE: 14,500 MG/KG
Glycerol: 12600 MG/KG

Target Organs: Blood. Eyes. Skin. Kidneys.

Carcinogenicity:

NTP:
Not tested.

IARC:
Not listed.

OSHA:
Not regulated.

Other Toxicological Information

12. Ecological Information

Ecotoxicological Information: No ecological information available.

Environmental Fate (Degradation, Transformation, and Persistence):
Bioconcentration is not expected to occur.
Biodegrades quickly.

13. DISPOSAL CONSIDERATIONS

Regulatory Information:
Not applicable.

Disposal Method:
Clean up and dispose of waste in accordance with all federal, state, and local environmental regulations.
Dispose of by incineration following Federal, State, Local, or Provincial regulations.

14. TRANSPORT INFORMATION

Proper Shipping Name: Not listed in Title 49 of the U.S. Code of Federal Regulations Section 171.8 as a hazardous material. dimethylsulfoxide solution

Hazard Class:
Subsidiary Hazards:
ID Number:
Packing Group:

15. REGULATORY INFORMATION

UNITED STATES:

TSCA:
This product is solely for research and development purposes only and may not be used, processed or distributed for a commercial purpose. It may only be handled by technically qualified individuals.

Prop 65 Listed Chemicals: PROP 65 PERCENT
No Prop 65 Chemicals.

No 313 Chemicals

CANADA:

DSL/NDSL:
Not determined.

COMPONENT	WHMIS Classification
DIMETHYL SULFOXIDE	D2B
GLYCEROL	D2B

EUROPEAN UNION:

PRODUCT RISK PHRASES:
None assigned.

PRODUCT SAFETY PHRASES:
None assigned.

PRODUCT CLASSIFICATION:
None; Aucun; Geen; Keine; Nessuno; Ninguno/a

Component	EINECS Number
DIMETHYL SULFOXIDE	200-664-3
GLYCEROL	200-289-5

16. OTHER INFORMATION

HMIS Rating 0-4:
FIRE: Not determined.
HEALTH: Not determined.
REACTIVITY: Not determined.

Abbreviations
N/A - Data is not applicable or not available
SARA - Superfund and Reauthorization Act
HMIS - Hazard Material Information System
WHMIS - Workplace Hazard Materials Information System
NTP - National Toxicology Program
OSHA - Occupational Health and Safety Administration
IARC - International Agency for Research on Cancer
PROP 65 - California Safe Drinking Water and Toxic Enforcement Act of 1986
EINECS - European Inventory of Existing Commercial Chemical Substances

The above information was acquired by diligent search and/or investigation and the recommendations are based on prudent application of professional judgment. The information shall not be taken as being all inclusive and is to be used only as a guide. All materials and mixtures may present unknown hazards and should be used with caution. Since Invitrogen Corporation cannot control the actual methods, volumes, or conditions of use, the Company shall not be held liable for any damages or losses resulting from the handling or from contact with the product as described herein. THE INFORMATION IN THIS MSDS DOES NOT CONSTITUTE A WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.