

**THE UNIVERSITY OF WESTERN ONTARIO  
 BIOLOGICAL AGENTS REGISTRY FORM  
 Approved Biohazards Subcommittee: October 14, 2010  
 Biosafety Website: [www.uwo.ca/humanresources/biosafety/](http://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, 1<sup>st</sup> 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](mailto: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/](http://www.uwo.ca/humanresources/biosafety/)

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Location of experimental work to be carried out: Building(s) SSC Room(s) 3435

\*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: N/A  
 GRANT TITLE(S): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Name	UWO E-mail Address	Date of Biosafety Training
<u>EDWARD EASTAUGH</u>	<u>eeastaugh@Uwo.ca</u>	<u>20 16 / 2011</u>

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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.

SEE ATTACHED

Please include a one page research summary or teaching protocol.

SEE ATTACHED

## Description of Biohazard Work carried out in the Zooarchaeology Lab SSC 3435A

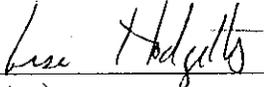
Principal Investigator Lisa Hodgetts x80105  
Lab Manger Edward Eastaugh x85006

Lab SSC3435A is a small annex room to Lab SSC3435 which houses the zooarchaeological reference collection in the dept of Anthropology. Lab SSC3435A is used to render the bodies of wild and domestic animals that have either died naturally or been killed by hunters. This results in animal skeletons that are used to help identify the animal remains found on archaeological sites. The bones are used for both research and teaching.

This work requires the animal carcasses to be defleshed by hand to remove the bulk of the tissue from the bones. The bones are placed in an enzyme solution (Protease) in a fume hood and then boiled in a commercial degreasing laundry detergent to completely remove all traces of flesh and grease. They are then soaked in a 3% hydrogen peroxide bath to bleach the bones. All the waste material from the animal carcasses is sent in tagged biohazard bags for incineration. Animals waiting to be processed are stored in a chest freezer in the lab. Biohazard material waiting to be sent for incineration is labeled with an orange biohazard label and stored in the freezer.

While we have, in the past, sought to have a level 2 biohazard containment level (BIO-UWO-0220) for this lab in order that we might process non-human primates should the opportunity arise, this is no longer the case. We will only be processing vertebrate species native to Canada including mammals birds, fish, reptiles, amphibians etc. Most of the specimens we process are wild, though we also occasional accept specimens donated from Zoos. We do not deal with live animals.

The potential biohazards of this work are the transfer of zoonotic agents. Although the animals we process have not been deliberately infected with any agent, there is always a risk given that they are wild. As a result all lab personnel working on mammals are vaccinated against rabies. Protective clothing (glasses, gloves and coat) are used for processing all specimens.

SIGNATURE   
(Principal investigator)

DATE June 20, 2011

## 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:

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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)	<input type="radio"/> Yes <input type="radio"/> 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="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)	<input type="radio"/> Yes <input type="radio"/> No			

\*Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see [www.atcc.org](http://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.

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 \_\_\_\_\_

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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:

- |                             |  | <u>ALL</u> <u>NO</u>                   |
|-----------------------------|--|--|
| ◆ Pound source dogs         | <input type="checkbox"/> YES   | <input checked="" type="checkbox"/> NO |
| ◆ Pound source cats         | <input type="checkbox"/> YES   | <input checked="" type="checkbox"/> NO |
| ◆ Cattle, sheep or goats    | <input type="checkbox"/> YES, please specify species _____   | <input checked="" type="checkbox"/> NO |
| ◆ Non-human primates        | <input type="checkbox"/> YES, please specify species _____   | <input checked="" type="checkbox"/> NO |
| ◆ Wild caught animals       | <input checked="" type="checkbox"/> YES, please specify species & colony # <u>DEAD SPECIMENS OF CANADIAN VERTEBRATES</u> | <input checked="" type="checkbox"/> NO |
| ◆ Birds                     | <input checked="" type="checkbox"/> YES, please specify species <u>WILD CANADIAN SPECIMENS</u>                           | <input checked="" type="checkbox"/> NO |
| ◆ Others (wild or domestic) | <input type="checkbox"/> YES, please specify _____   | <input checked="" type="checkbox"/> NO |

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

MNR, HUNTERS, TAXIDERMISTS, ZOO'S OR ANY LEGALLY ACQUIRED SOURCE

## 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 LD<sub>50</sub> (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](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 biological agents in Sections 1.0 to 9.0 have been trained.

SIGNATURE \_\_\_\_\_ 

**13.0 Containment Levels**

13.1 For the work described in sections 1.0 to 9.0, please indicate the highest HC or CFIA Containment Level required.  1     2     2+     3

13.2 Has the facility been certified by OHS for this level of containment?  
 YES, 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): BIO-UWO-0228

**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.  
ALL WORKERS ON WILD MAMMAL SPECIMENS VACCINATED AGAINST RABIES

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:  
DISINFECT, ENCOURAGE BLEEDING, WASH THE SITE, ~~WASH~~ SEEK MEDICAL ADVICE, INFORM HEALTH & SAFETY.

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  Date: June 20, 2011

**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: