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	Semenikhin
DEPARTMENT	Chemistry
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EMERGENCY PHONE NUMBER(S)	
EMAIL	osemenik@uwo.ca

Location of experimental work to be carried out: Building(s) _____ChB_____ Room(s)___124_

*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:_____
GRANT TITLE(S): _____
_____
_____

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

Name	UWO E-mail Address	Date of Biosafety Training
Ostrakhovitch	eostrakh@uwo.ca	14-May-02

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.

Mice carcasses and tissues will be disposed for incineration in compliance with the instructions from the Animal Care Facility. Plasticware (tissue culture plates, dishes, pipettes) which has been in contact with tissue will be disinfected by soaking in bleach and then be autoclaved. Sharps (needles, scalpel blades, etc.) will be collected in a sharps container.

Transfected and non-transfected cell lines, used cell culturing media, supernatant will be decontaminated with bleach and disposed of through the normal route. Plasticware (tissue culture plates, dishes, pipettes) which has been in contact with cells will be disinfected by soaking in bleach and then be autoclaved Autoclaving will be done in an approved autoclave bags.

Biological materials such as expression vectors and cell lines are stored in -80°C freezer or liquid nitrogen, the materials which are no longer required will be decontaminated with bleach and autoclaved before being discarded.

Please include a one page research summary or teaching protocol.

The atomic force microscope (AFM) is able to resolve structural details at subnanometer level and image dynamic processes in living cells. Most importantly, AFM is capable of mapping various electrical properties to topography images of cells. The electrical properties play an important role in neuron adhesion, neurite outgrowth, neuron responses, as well as in development, maintenance, and regeneration of the nervous system. This research project aims to examine the electrical properties, plasticity, and adhesion of various cell types including neural like cells, fibroblasts, and several types of transfected cells (e.g. with silenced or overexpressed p53) on various substrates using AFM and its electrical extensions such as Kelvin probe force microscopy (KFM), current-sensing atomic force microscopy (CS-AFM), and confocal microscopy.

1.0 Microorganisms

1.1 Does your work involve the use of biological agents? x 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 x NO

If YES, please give the name of the species. _____
What is the origin of the microorganism(s)? _____
Please describe the risk (if any) of escape and how this will be mitigated:
_____
_____
_____

Please attach the CFIA permit.
Please describe any CFIA permit conditions:
_____
_____
_____

1.2 Please complete the table below:

Name of Biological Agent(s)* (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
	O Yes x No	O Yes x No	O Yes x No			x 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? x YES O 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	x Yes O No	Brain	2010-243
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)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	x Yes O No	MCF7, Dermal fibroblasts	1 1	ATCC
Rodent	O Yes O No	Neuro-2a , P19	1 1	ATCC
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 x 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 x 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		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? x 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
	siRNA	Santa Cruz	P53 DUOXA1	results in silencing p53 and DUOXA1

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

4.5 Will virus be replication defective? O YES xNO

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

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

5.0 Human Gene Therapy Trials

5.1 Will human clinical trials be conducted involving a biological agent? O YES x 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? x YES O NO If no, please proceed to section 7.0

6.2 Name of animal species to be used__C57BL6 Mouse _____
6.3 AUS protocol # __2010-243_____
6.4 Will any of the agents listed in section 4.0 be used in live animals O YES, specify: _____ x NO
6.5 Will the agent(s) be shed by the animal: O YES x 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 xNo 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 ONO
- 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 xNO 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? O YES x 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? O Initiate and maintain colony, give location: _____
O "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? O YES O NO
If YES, Please attach the CFIA permit & describe any CFIA permit conditions:
_____
_____

10.0 Plants

10.1 Do you use plants? O YES x 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? O Grow and maintain a crop O "One-time" use

10.6 Do you do any modifications to the plant? O YES O 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? O YES O 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? O YES, please give country of origin_____ x NO
If no, please proceed to Section 12.0

11.2 Has an Import Permit been obtained from HC for human pathogens? O YES O NO

11.3 Has an import permit been obtained from CFIA for animal or plant pathogens? O YES O NO

11.4 Has the import permit been sent to OHS? O YES, please provide permit # _____ O 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. x 1 O 2 O 2+ O 3

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

O YES, permit # if on-campus_____
O NO, please certify
x NOT REQUIRED for Level 1 containment

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.

__there is no unique risks involved_____
_____
_____

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:

In the case of needlestick injury: first to encourage bleeding, then wash with soap and water, and then clean with alcohol (ethanol) or at least with water, if no soap or spirits available. Worker must seek prompt medical attention and keep a sample of the material for further diagnostic tests
In the case of accidental splash, rinse the area thoroughly with water and immediately consult a medical doctor.

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 D. Stevens Date: March 23, 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:

Special Conditions of Approval:

Cell Biology

ATCC® Number:	HTB-22™	Order this Item	Price:	$272.00

Designations:	MCF7
Depositors:	CM McGrath
Biosafety Level:	1
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	adherent
Organism:	*Homo sapiens* (human)
Morphology:	epithelial 
Source:	**Organ:** mammary gland; breast **Disease:** adenocarcinoma **Derived from metastatic site:** pleural effusion **Cell Type:** epithelial
Cellular Products:	insulin-like growth factor binding proteins (IGFBP) BP-2; BP-4; BP-5
Permits/Forms:	In addition to the MTA mentioned above, other ATCC and/or regulatory permits may be required for the transfer of this ATCC material. Anyone purchasing ATCC material is ultimately responsible for obtaining the permits. Please click here for information regarding the specific requirements for shipment to your location.
Applications:	transfection host (Nucleofection technology from Lonza Roche FuGENE® Transfection Reagents)
Receptors:	estrogen receptor, expressed
Antigen Expression:	Blood Type O; Rh+
DNA Profile (STR):	Amelogenin: X CSF1PO: 10 D13S317: 11 D16S539: 11,12 D5S818: 11,12 D7S820: 8,9 TH01: 6 TPOX: 9,12 vWA: 14,15
Cytogenetic Analysis:	modal number = 82; range = 66 to 87. The stemline chromosome numbers ranged from hypertriploidy to hypotetraploidy, with the 2S component occurring at 1%. There were 29 to 34 marker chromosomes per S metaphase; 24 to 28 markers occurred in at least 30% of cells, and generally one large submetacentric (M1) and 3 large subtelocentric (M2, M3, and M4) markers were recognizable in over 80% of metaphases. No DM were detected. Chromosome 20 was nullisomic and X was disomic.

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- Cell, microbial and molecular genomics products for the life sciences

BioServices

- Bio-materials management; basic repository to complex partnership-level services

BioStandards

- Biological Reference Material and Consensus Standards for the life science community

Cell Biology

ATCC® Number:	CCL-131™	Order this Item	Price:	$256.00

Designations:	Neuro-2a
Depositors:	RJ Klebe
Biosafety Level:	1
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	adherent
Organism:	*Mus musculus* (mouse)
Morphology:	neuronal and amoeboid stem cells 
Source:	**Strain:** A **Organ:** brain **Disease:** neuroblastoma **Cell Type:** neuroblast;
Cellular Products:	acetylcholinesterase tubulin
Permits/Forms:	In addition to the MTA mentioned above, other ATCC and/or regulatory permits may be required for the transfer of this ATCC material. Anyone purchasing ATCC material is ultimately responsible for obtaining the permits. Please click here for information regarding the specific requirements for shipment to your location.
Applications:	transfection host (Nucleofection technology from Lonza Roche FuGENE® Transfection Reagents)
Virus Susceptibility:	Herpes simplex virus Vesicular stomatitis virus Human poliovirus 1
Antigen Expression:	H-2, a haplotype; Mus musculus, expressed
Cytogenetic Analysis:	modal number = 95; range = 59 to 193. Karyotype unstable within a stemline range of 94 to 98 chromosomes. All the cells contain 6 to 10 large chromosomes with median or submedian centromeres and 2 to 4 minute chromosomes.
GenoType:	albino
Comments:	

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Cell Biology

ATCC® Number:	CRL-1825™	Order this Item	Price:	$275.00

Designations:	P19
Depositors:	MW McBurney
Biosafety Level:	1
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	adherent
Organism:	*Mus musculus* (mouse)
Morphology:	epithelial 
Source:	**Strain:** C3H/He **Organ:** embryo **Disease:** teratocarcinoma; embryonal carcinoma
Permits/Forms:	In addition to the MTA mentioned above, other ATCC and/or regulatory permits may be required for the transfer of this ATCC material. Anyone purchasing ATCC material is ultimately responsible for obtaining the permits. Please click here for information regarding the specific requirements for shipment to your location.
Applications:	transfection host (Nucleofection technology from Lonza)
Cytogenetic Analysis:	n = 40; XY, n = 40; XY [22702]
Gender:	male
Comments:	The P19 line was derived from an embryonal carcinoma induced in a C3H/He mouse. [22702] The line can be cloned at high efficiency in medium containing 0.1 mM 2-mercaptoethanol. [22702] The cells are pluripotential. The cell can be induced to differentiate into neural and glial like cells in the presence of 500 nM retinoic acid. [22492] In the presence of 0.5% to 1.0% dimethylsulfoxide (DMSO) the cells differentiate to form cardiac and skeletal muscle-like elements, but do not form neural or glial like cells. [22913] In the presence of both DMSO and retinoic acid, the cells differentiate as in the presence of retinoic acid alone. [22913]
Propagation:	**ATCC complete growth medium:** The base medium for this cell line is Alpha Minimum Essential Medium with ribonucleosides and deoxyribonucleosides. To make the complete growth medium, add the following components to the base medium: bovine calf serum to a final concentration of 7.5%; fetal bovine serum to a final concentration of 2.5%. **Temperature:** 37.0°C **Atmosphere:** air, 95%; carbon dioxide (CO2), 5%

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