The University *of* Western Ontario
BIOLOGICAL AGENTS REGISTRY FORM
Approved Biohazards Subcommittee: October 14, 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:	**Dr. Weiping Min**
DEPARTMENT:	**Surgery**
ADDRESS:	**LHSC-UH, Rm C9-119**
PHONE NUMBER:	**519-6858500 ext 35501**
EMERGENCY PHONE NUMBER(S):	
EMAIL:	**mweiping@uwo.ca**

Location of experimental work to be carried out :

Building : **LHSC-UH** Room(s): **C9-119**
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: **CBCF**
GRANT TITLE(S): **Treatment of Breast Cancer through RNAi**
UNDERGRADUATE COURSE NAME(IF APPLICABLE):

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

Name	UWO E-mail Address	Date of Biosafety Training
Xusheng Zhang	**xzhan59@uwo.ca**	**06/22/2010**
Di Chen	**dchen97@uwo.ca**	**03/16/2009**
Leo Siu	**ksiu25@uwo.ca**	**02/10/2010**
Rong Li	**rli274@uwo.ca**	**08/01/2011**

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.

The cell lines are used to test gene expression and to test plasmid vector gene silencing efficacy. The cell lines and plasmid vector (E coli) are stored in the separated box in -80 freezer. The cell culture medium, the container, pipette tips and E coli culture medium are all treated with 10% bleach for at least 1 hour before dispose. All the biological waste are disposed as bioharzard waste.

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

Our immune system is naturally equipped with ways to recognize and destroy cancerous cells. In order to survive and grow, tumors must therefore be able to avoid and weaken the immune system. Suppression of the immune system, termed immunosuppression, represents a primary mechanism of cancer evasion and has also been a major hurdle impeding research aimed at fighting cancer using immune-based therapies. Recent research has demonstrated that there are several key molecules that are responsible for the inhibition of our immune cells. Therefore, we believe that the inhibition of these immunosuppressive molecules will allow our immune cells to kill cancers.

A powerful method of inhibiting immunosuppressive molecules is by inhibiting the genes which code for such molecules. More recently, a novel gene silencing strategy, called siRNA, has been developed. siRNA is more potent than any other gene-inhibiting technique currently being used. We have already demonstrated that siRNA can effectively inhibit suppressive genes in cancers. Based on our new technology and discovery, we will develop a new treatment for breast cancer through destroying suppressive molecules in immune cells. This new treatment will be safer and more robust with great potential in clinic anti-cancer therapy.

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:

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
Escherichia coli (DH5-alpha)	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	**2**	**Life Technologies**	☒ 1 ☐ 2 ☐ 2+ ☐ 3
Adeovirus	☒ Yes ☐ No	☒ Yes ☐ No	☐ Yes ☒ No	**0.1**	**clontech**	☐ 1 ☒ 2 ☐ 2+ ☐ 3
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			☐ 1 ☐ 2 ☐ 2+ ☐ 3
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			☐ 1 ☐ 2 ☐ 2+ ☐ 3
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			☐ 1 ☐ 2 ☐ 2+ ☐ 3
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			☐ 1 ☐ 2 ☐ 2+ ☐ 3
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			☐ 1 ☐ 2 ☐ 2+ ☐ 3
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No			☐ 1 ☐ 2 ☐ 2+ ☐ 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	☐ Yes ☐ No		Not applicable
Rodent	☒ Yes ☐ No	**Mouse Bone Marrow**	**2009-006**
Non-human primate	☐ Yes ☒ No		
Other (specify)	☐ Yes ☐ 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	☒ Yes ☐ No	**HEk-293,**	**level 2**	**ATCC**
Rodent	☒ Yes ☐ No	**4T1, B16-F10, P815**	**level 2**	**ATCC**
Non-human primate	☐ Yes ☒ No			
Other (specify)	☐ Yes ☒ 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	**clinical samples/LHSC**	☐ Yes ☒ Unknown		☐1 ☒2 ☐2+ ☐3
Human Blood (fraction) or other Body Fluid		☐ Yes ☐ Unknown		☐1 ☐2 ☐2+ ☐3
Human Organs or Tissues (unpreserved)		☐ Yes ☐ Unknown		☐1 ☐2 ☐2+ ☐3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

Additional Comments: _____

Changes to this page.

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 (DH5alpha)	**PRNATU6.1**	**Genscript**	**TNF-alpha**	**No Change**	**No Change**	**Resistance to ampicillin**

**** 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
Adenovirus	**Adeno-X**	**Clontech**	**TNF-alpha**	**Resistance to ampicillin**

**** 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 7.0

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 **Rodent**

7.3 AUS protocol # **2009-006**

7.4 List the location(s) for the animal experimentation and housing. **HSACF-6030, Matthew Mailing Centre**

7.5 Will any of the agents listed in section 4.0 be used in live animals
☐ NO ☒ YES, specify: **Plasmid vector**

7.6 Will the agent(s) be shed by the animal:
☐ YES ☒ NO, please justify: **The purified plasmid will not be shed by animals, the adenovrius will not use in live animals.**

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	☐ YES	☐ NO
♦ Pound source cats	☐ YES	☐ NO
♦ Cattle, sheep or goats	☐ YES, species	☐ NO
♦ Non-human primates	☐ YES, species	☐ NO
♦ Wild caught animals	☐ YES, species & colony #	☐ NO
♦ Birds	☐ YES, species	☐ NO
♦ Others (wild or domestic)	☐ YES, specify	☐ 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)
Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

9.3 What is the LD_{50} (specify species) of the toxin or hormone

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

9.5 How much of the toxin or hormone is stored*?

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: _____

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 Weiping Min ***Date:*** 01/17/2012

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: **06/25/10**
☐ NO, please certify
☐ NOT REQUIRED for Level 1 containment

14.3 Please indicate permit number (not applicable for first time applicants): **BIO-LHRI-0076**

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:
1. Seek first aid or emergent intervention if required (refer to MSDS for Infectious Substances, or Blood-Borne Pathogen exposure protocol. 2. Immediately report injury, exposure to supervisor. 3. Notify Occupational Health and Safety Services (OHSS) ASAP. 4.Complete Workplace Occurrence Report. (http://appserver.lhsc.on.ca/policy/search_res.php?polid=OHS011&live=1)

15.3 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.shs.uwo.ca/workplace/workplacehealth.html

An X in the check box indicates you agree with the above statement... ☒
Enter Your Name **Weiping Min** ***Date:*** **01/17/2012**

15.4 Additional Comments: _____ Changes to 15.2

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: _____
Date: _____

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

Special Conditions of Approval:

-------- Original Message --------
Subject: Re: Biological Agents Registry Form: Min
Date: Thu, 15 Mar 2012 11:47:44 -0400
From:xusheng zhang <xzhan59@uwo.ca>
To: Jennifer Stanley <jstanle2@uwo.ca>

Hello,

Here is the revised Biological Agents Registry Form according to comments of the committee, please check it. Thanks so much for the help.

Best Regards,

Xusheng

Canadian Food Inspection Agency | Agence canadienne d'inspection des aliments

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 consider to be level 1 animal pathogens:

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

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

Canada

Adenovirus Material Safety Data Sheet

Name: *Adenovirus type C strain 5 and recombinant vectors based on Adenovirus 5.*
Characteristics: *Adenoviridae; non-enveloped, icosahedral virions, 75-100 nm diameter, double stranded, linear DNA genome. Virus is lytic.*
Biosafety Level: *NIH BSL 2*

HEALTH HAZARD
Pathogenicity: *Wild type Adenovirus infection varies in clinical manifestation and severity; symptoms includefever, rhinitis, pharyngitis, cough and conjunctivitis. The risk from infection by defective recombinant adenoviralvectors depends both on the dose of virus and on the nature of the transgene. Adenovirus does not integrate intothe host cell genome but can produce a strong immune response.*
Host Range: *Humans are the natural reservoir for wild type Adenovirus 5. Recombinant Adenovirus vectors infecta variety of mammalian cell types.*
Mode of Transmission: *Wild type virus is spread directly by oral contact and droplet spread; indirectly byhandkerchiefs, eating utensils and other articles freshly soiled with respiratory discharge of an infected person. Inthe laboratory, care must be taken to avoid spread of infectious material by aerosol, direct contact or accidentalinjection.*
Incubation Period: *From 1-10 days.*

VIABILITY
Drug susceptibility: *No specific anti-viral available.*
Susceptibility to Disinfectants: *Susceptible to 1% sodium hypochlorite, 2% glutaraldehyde. Recommend freshsolution of 10% bleach for 30 minutes.*
Physical Inactivation: *Sensitive to heat; 1 hour at 56oC is used to inactivate virus.*
Survival Outside of Host: *Adenovirus has been reported to survive 3-8 weeks on environmental surfaces at roomtemperature.*

MEDICAL
Surveillance: *Pre-employment serum samples banked. Monitor for symptoms; confirm infection by serologicalanalysis or viral culture.*
First Aid/Treatment: *For splashes to the eye of material containing virus, rinse eye at eyewash for 15 minutes thenreport to hospital emergency room for evaluation. A serum sample should be taken as soon as possible (at UCSDthis is done by Occupational Health). In the case of accidental injection of material containing virus, wash area wellwith soap and water then contact office of Occupational Health for advice, evaluation and serum sample. At UCSD, notify supervisor and EH&S as soon as possible after exposure. Supportive therapy is indicated for symptoms ofsuspected infections.*
Immunization: *None available.*
Prophylaxis: *None available.*

LABORATORY HAZARDS
Laboratory- acquired infections: *Rare cases reported in laboratories working with clinical specimens.*
Sources/Specimens: *Respiratory secretions. Theoretical risk from exposure to laboratory cultures of wild typevirus or recombinant virus.*
Primary Hazards: *Ingestion, droplet exposure of the mucous membranes, direct injection.*
Special Hazards: *Contact with feces or urine from infected animals for 72 hours post infection.*

RECOMMENDED PRECAUTIONS
Containment Requirements: *Biosafety level 2 plus UCSD Adeno special practices and BSL 2 containmentfacilities for all activities involving the virus, recombinant virus vectors, and potentially infectious body fluids orBiosafety Manual for Molecular Oncology Laboratory*
7tissues.
Protective Clothing: *Laboratory coat, gloves, goggles.*

HANDLING INFORMATION
Spills: *Allow aerosols to settle for 15 minutes; wear protective clothing and gently cover the spill with adsorbent paper towel and apply freshly prepared 10% sodium hypochlorite starting at the perimeter and working towards thecenter; allow at least 30 minutes contact time before clean up.*
Disposal: *Decontaminate all wastes before disposal; steam sterilization, incineration, chemical disinfection. AtUCSD contaminated material may be sealed in labeled, doubled, red biohazard bags and transported in covered,leak proof containers to BFI disposal bins for eventual incineration.*
Storage: *In sealed containers that are appropriately labeled and in approved locations for BSL2 materials at -70C.*

Transport: *Material must be sealed in primary and secondary containers, appropriately labeled.*

TRANSGENES AND OTHER FOREIGN GENETIC ELEMENTS

Considerations: *What is the replication status of your vector? In general, recombinant Ad 5 vectors produced inthe Vector Development laboratory are replication incompetent. What is the nature of the transgene/s - are anypotentially hazardous transgenes expressed, i.e.. toxins, oncogenes? Have any foreign elements been introducedwhich alter the specificity, host range, stability, or titer of the resulting vector? It is imperative that those handlingrecombinant vectors consider both the nature of the virus used as a vector and the effects of any transgene, introduced genetic elements, or other modification.*

Info on Cells

ATCC™

MATERIAL SAFETY DATA SHEET

MSDS FOR ANIMAL CELL CULTURES (Biosafety Level 1 or 2)

MATERIAL SAFETY DATA SHEET

SECTION 1 - SUBSTANCE IDENTITY AND COMPANY INFORMATION

Product Name: Various Animal Cell Cultures at Biosafety Level 1 or 2
ATCC Catalog #: Various

COMPANY INFORMATION: AMERICAN TYPE CULTURE COLLECTION
PO BOX 1549
MANASSAS, VA 20108

FOR INFORMATION CALL: 800-638-6597 or 703-365-2700
AFTER-HOURS CONTACT: 703-365-2710
CHEMTREC EMERGENCY: 800-424-9300 or 703-527-3887

SECTION 2 - COMPOSITION/INFORMATION ON INGREDIENTS

Either frozen or growing cells shipped in liquid cell culture medium (a mixture of components that may include, but is not limited to: inorganic salts, vitamins, amino acids, carbohydrates and other nutrients dissolved in water). Frozen Cultures may also contain a 5%-10% solution of Dimethyl sulfoxide as a cryoprotectant.

SECTION 3 - HAZARD IDENTIFICATION

HMIS Rating:	Health: 0	Flammability: 0	Reactivity:0
NFPA Rating:	Health:0	Flammability:0	Reactivity:0

This substance is not hazardous as defined by OSHA 29CFR 1910.1200 however this product should be handled according to good lab practices, with proper personal protective equipment, proper engineering controls and within the parameters of the purchaser's safety program.

Health Hazards

For Biosafety Level 1 Cell Cultures
Handle as a potentially biohazardous material under at least Biosafety Level 1 containment.
This cell line is not known to cause disease in healthy adult humans. These cells have **NOT** been screened for Hepatitis B, human immunodeficiency viruses or other adventitious agents, unless otherwise reported on the Certificate of Analysis. Regardless of results reported on the Certificate of Analysis Universal Precautions according to 29 CFR 1910.1030 should be followed at all times when manipulating these cell lines.

See next page for Biosafety Level 2 cell cultures.

For Biosafety Level 2 Cell Cultures
Handle as a potentially biohazardous material under at least Biosafety Level 2 containment.
These cell lines are associated with human disease, hazards include: percutaneous injury, ingestion, mucous membrane exposure (U.S. Government Publication **Biosafety in Microbiological and Biomedical Laboratories)**. These cells have **NOT** been screened for Hepatitis B, human immunodeficiency viruses or other adventitious agents, unless otherwise reported on the Certificate of Analysis. Regardless of results reported on the Certificate of Analysis Universal Precautions according to 29 CFR 1910.1030 should be followed at all times when manipulating these cell lines.

SECTION 4 - FIRST AID MEASURES

Report to your Safety Office and Seek Medical Attention as Soon as Possible

Ingestion: If person is unconscious seek emergency medical attention; never give anything by mouth to an unconscious person. If the person is conscious wash mouth out with copious amounts of water and call a physician then administer three cupfuls of water. Do not induce vomiting unless directed to do so by a physician.

Inhalation: If person is unconscious seek emergency medical attention, if person is conscious remove to fresh air and call a physician.

Dermal exposure: Immediately wash skin with copious amounts of water followed by washing with soap and copious amounts of water. Remove all contaminated clothing.

Eye exposures: Flush eyes with copious amounts of water for at least 15 minutes with eyelids separated and call a physician.

SECTION 5 - FIRE FIGHTING MEASURES

Flammability: Data not available

Suitable Extinguishing Media: Water spray, carbon dioxide, dry chemical powder, Halon (where regulations permit), or appropriate foam.

Protective Equipment: Wear self-contained breathing apparatus and protective clothing to prevent inhalation, ingestion, skin and eye contact.

Specific Hazard(s): Responders should take into consideration the biohazard risk associated with responding to a fire in the area where the material may be stored or handled.

SECTION 6 - ACCIDENTAL RELEASE MEASURES

Procedure(s) of Personal Precaution(s): At a minimum use PPE listed in Section 8. Wear laboratory coat, gloves and eye protection. Avoid all contact.

Methods for Cleaning Up

Patient/Victim: Wash with soap and water. Work clothes should be laundered separately. Launder contaminated clothing before re-use. Do not take clothing home.

Equipment/Environment: Allow aerosols to settle; wearing protective clothing, gently cover spill with paper towel and apply 1% sodium hypochlorite, starting at perimeter and working towards the center; allow sufficient contact time before clean up (30 min).

Note: The use of additional PPE may be necessary for cleaning solutions.

SECTION 7 - HANDLING AND STORAGE

Handle and store according to instructions on product information sheet and label.
Special Requirements:
Follow established laboratory procedures when handling material.

SECTION 8 - EXPOSURE CONTROLS/PERSONAL PROTECTION

Use Personal Protective Equipment: Including Eye Protection, Chemical Resistant Gloves, and appropriate clothing to prevent skin exposure. In addition, a Respiratory protection program that complies with OSHA 29 CFR 1910.134 and ANSI Z88.2 requirements or European Standard EN 149 must be followed whenever workplace conditions warrant respirator use.

Engineering Controls: The use and storage of this material requires user to maintain and make available appropriate eyewash and safety shower facilities. Use fume hood or other appropriate ventilation method to keep airborne concentrations a low as possible.

Exposure Limits: No exposure limits for this material have been established by ACGIH, NIOSH, or OSHA.

SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

Data Not Available

SECTION 10 - STABILITY AND REACTIVITY

Hazardous polymerization will not occur.

SECTION 11 - TOXICOLOGICAL INFORMATION

Route of Exposure

Eye Contact: Data not available. Avoid eye contact.
Skin Contact: Data not available. Avoid skin contact.
Skin Absorption: Data not available. Avoid skin absorption.
Inhalation: Data not available. Avoid inhalation.
Ingestion: Data not available. Avoid ingestion.
Parenteral Exposure: Data not available. Avoid parenteral exposure.

Sensitization
Skin: Data not available
Respiratory: Data not available

Target Organ(s) or System(s): Data not available

Signs and Symptoms of Exposure
Skin and Mucous Membranes: Data not available
Respiratory: Data not available
Gastrointestinal: Data not available

Toxicity Data: Data not available
Effects of Long Term or Repeated Exposure: Data not available
Chronic Exposure–Teratogen: Data not available
Chronic Exposure–Mutagen: Data not available
Chronic Exposure–Reproductive Hazard: Data not available

SECTION 12 - ECOLOGICAL INFORMATION

No ecological information available.

SECTION 13 - DISPOSAL CONSIDERATIONS

Decontaminate all wastes before disposal (steam sterilization, chemical disinfection, and/or incineration).

Dispose of in accordance with applicable regulations.

SECTION 14 - TRANSPORT INFORMATION

Contact ATCC for transport information.

SECTION 15 - REGULATORY INFORMATION

Contact ATCC for regulatory information.

SECTION 16 - OTHER INFORMATION

THE INFORMATION PRESENTED IN THIS DOCUMENT IS BELIEVED TO BE CORRECT BASED UPON DATA AVAILABLE TO ATCC. USERS SHOULD MAKE AN INDEPENDENT DECISION REGARDING THE ACCURACY OF THIS INFORMATION BASED ON THEIR NEEDS AND DATA AVAILABLE TO THEM. ALL SUBSTANCES AND MIXTURES MAY PRESENT UNKNOWN HAZARDS AND ALL NECESSARY SAFETY PRECAUTIONS SHOULD BE TAKEN. ATCC ASSUMES NO LIABILITY RESULTING FROM USING OR COMING IN CONTACT WITH THIS SUBSTANCE.

Cell Biology

ATCC® Number:	**CRL-1573™**	Order this Item	Price:	**$279.00**

Designations:	293 [HEK-293]
Depositors:	FL Graham
Biosafety Level:	2 [CELLS CONTAIN ADENOVIRUS]
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	adherent
Organism:	*Homo sapiens*
Morphology:	epithelial 
Source:	**Organ:** embryonic kidney
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.
Restrictions:	These cells are distributed for research purposes only. 293 cells, their products, or their derivatives may not be distributed to third parties.
Applications:	efficacy testing transfection host viruscide testing
Receptors:	vitronectin, expressed
Tumorigenic:	YES
DNA Profile (STR):	Amelogenin: X CSF1PO: 11,12 D13S317: 12,14 D16S539: 9,13 D5S818: 8,9 D7S820: 11,12 THO1: 7,9.3 TPOX: 11 vWA: 16,19
Cytogenetic Analysis:	This is a hypotriploid human cell line. The modal chromosome number was 64, occurring in 30% of cells. The rate of cells with higher ploidies was 4.2 %. The der(1)t(1;15) (q42;q13), der(19)t(3;19) (q12;q13), der(12)t(8;12) (q22;p13), and four other marker chromosomes were common to most cells. Five other markers occurred in some cells only. The marker der(1) and M8 (or Xq+) were often paired. There were four copies of N17 and N22. Noticeably in addition to three copies of X chromosomes, there were paired Xq+, and a single Xp+ in most cells.
Age:	fetus

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Cell Biology

ATCC® Number:	**CRL-2539™**	Order this Item	Price:	**$279.00**

Designations:	4T1
Depositors:	BA Pulaski
Biosafety Level:	1
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	adherent
Organism:	*Mus musculus* deposited as mouse
Morphology:	epithelial
Source:	**Organ:** mammary gland **Strain:** BALB/cfC3H **Disease:** tumor
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:	4T1-induced tumors can be used as a post-operative model as well as a non-surgical model because the 4T1-induced tumor metastasizes spontaneously in both models with similar kinetics. Because 4T1 is resistant to 6-thioquanine, micro-metastatic cells (as few as 1) can be detected in many distant site organs with better accuracy that most tumor models. When injected into BALB/c mice, 4T1 spontaneously produces highly metastatic tumors that can metastasize to the lung, liver, lymph nodes and brain while the primary tumor is growing in situ.
Tumorigenic:	Yes
Comments:	

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Cell Biology

ATCC® Number:	**CRL-6475™**	Order this Item	Price:	**$279.00**

Designations:	B16-F10
Biosafety Level:	1
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	adherent
Organism:	*Mus musculus*
Morphology:	mixture of spindle-shaped and epithelial-like cells 
Source:	**Organ:** skin **Strain:** C57BL/6J **Disease:** melanoma
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
Propagation:	**ATCC complete growth medium:** The base medium for this cell line is ATCC-formulated Dulbecco's Modified Eagle's Medium, Catalog No. 30-2002. To make the complete growth medium, add the following components to the base medium: fetal bovine serum to a final concentration of 10%. **Temperature:** 37.0°C **Atmosphere:** air, 95%; carbon dioxide (CO2), 5%
Subculturing:	

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Cell Biology

ATCC® Number:	**TIB-64™** Order this Item	Price:	**$279.00**

Designations:	P815
Depositors:	P Ralph
Biosafety Level:	1
Shipped:	frozen
Medium & Serum:	See Propagation
Growth Properties:	suspension (some adherent cells)
Organism:	*Mus musculus*
Morphology:	
Source:	**Disease:** mastocytoma **Strain:** DBA/2 **Cell Type:** mast cell;
Cellular Products:	lysozyme [1080]
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
Comments:	P815 cells phagocytose latex beads but not zymosan or BCG. They do not function in antibody dependent cell mediated cytotoxicity. Growth of the cells is not inhibited by dextran sulfate, LPS or PPD. [1136] [2104] Tested and found negative for ectromelia virus (mousepox).
Propagation:	**ATCC complete growth medium:** The base medium for this cell line is ATCC-formulated Dulbecco's Modified Eagle's Medium, Catalog No. 30-2002. To make the complete growth medium, add the following components to the base medium: fetal bovine serum to a final concentration of 10%. **Temperature:** 37.0°C
Subculturing:	**Medium Renewal:** Every 2 to 3 days Cultures can be maintained by addition or replacement of fresh medium. Start cultures at 2 X 10 exp5 cells/ml and maintain between 1 X 10 exp5 and 1 X 10 exp6 cells/ml. Adherent cells can be recovered by scraping.
Preservation:	culture medium 95%; DMSO, 5%
Related Products:	Recommended medium (without the additional supplements or serum described under ATCC Medium):ATCC 30-2002 recommended serum:ATCC 30-2020

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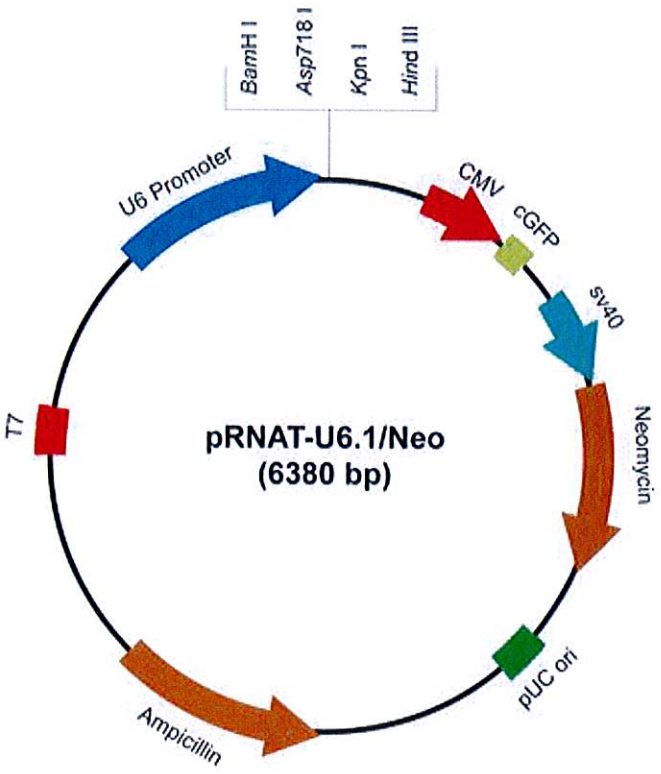
pRNAT-U6.1/Neo

Description

pRNAT-U6.1/Neo is a GenScript siRNA expression vector. It is designed for mammalian transfection. It carries a Neomycin resistance gene as the selectable marker, which can be used for establishing stable cell line. The GFP marker (coral GFP, cGFP) under CMV promoter control can be used to track the transfection efficiency. It uses U6 promoter for siRNA expression.



T7 Primer → GGATCCGAGCTCGGTACCAAGCTTAAGTTTAAACCGCTGATCAGCCTCGACTGTGCCTTCTAAA

BamH I Asp7 18 I Hind III Kpn I

BGH reverse primer site