

**The University of Western Ontario**  
**BIOLOGICAL AGENTS REGISTRY FORM**  
 Approved Biohazards Subcommittee: October 14, 2011  
 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).

Electronically completed forms are to be submitted to Occupational Health and Safety, (OHS), (Support Services Building, Room 4190 or to [jstanle2@uwo.ca](mailto: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](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/).

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:	<b>Christopher G. Guglielmo</b>
DEPARTMENT:	<b>Biology</b>
ADDRESS:	<b>1151 Richmond St. N. London, ON N6A 5B7</b>
PHONE NUMBER:	<b>519-661-2111 X81204</b>
EMERGENCY PHONE NUMBER(S):	<b>519-642-2453</b>
EMAIL:	<b>cguglie2@uwo.ca</b>

Location of experimental work to be carried out :

Building :	<b>Biological and Geological Sciences</b>	Room(s):	<b>3012</b>
Building :	<b>Adanced Facility for Avian Research</b>	Room(s):	<b>216</b>
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: NSERC

GRANT TITLE(S): **Mechanisms of fuel use and water balance during flight and refueling in migratory birds and bats**

UNDERGRADUATE COURSE NAME(IF APPLICABLE): \_\_\_\_\_

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

<u>Name</u>	<u>UWO E-mail Address</u>	<u>Date of Biosafety Training</u>
<b>Liam McGuire</b>	<b>lmcguir5@uwo.ca</b>	<b>Oct 2006</b>
<b>Alexander Gerson</b>	<b>agerson2@uwo.ca</b>	<b>Oct 2011</b>
<b>Silke Nebel</b>	<b>snebel2@uwo</b>	<b>Sep 2009</b>
<b>Kristin Jonasson</b>	<b>kjonasso@uwo.ca</b>	<b>Dec 2011</b>
<b>Caitlin Vandermeer</b>	<b>cvande67@uwo.ca</b>	<b>Oct 2011</b>

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**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.**

**Primarily we work with wild birds and bats of unknown health status. All blood and tissue samples are handled accordingly and anything that comes in contact with them is autoclaved or disinfected before disposal or reuse. Anyone working with bats is vaccinated for rabies and tracked by UWO Health Services (McGuire, Jonasson). Samples are stored in a labeled freezer and only those approved to handle the materials are allowed access.**

**We also use micro-organisms for "bacterial killing assays". For this the organisms are plated onto agar plates with and without the addition of blood collected from birds. The ability of the blood to reduce the survival of organisms and colony formation is used as an index of the immunocompetence of the bird. These microbes are stored and handled in room 216 of the AFAR only which has a biosafety cabinet, autoclave, refrigerator (where they are stored) and sink. We mostly use level 1 organisms but may use level 2.**

**We use lipopolysaccharide (LPS), a cell wall derivative of bacteria to induce the acute phase response in birds. By injecting LPS we can mimic an infection and test for effects on bird behaviour and metabolism.**

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

**My lab conducts physiological studies of migratory birds and bats. In the laboratory we work with captive birds that have been obtained from the wild. They are trained to fly in our wind tunnel to simulate migration. We manipulate the atmospheric conditions the birds fly in to study how factors like humidity, temperature and altitude affect metabolism. We also manipulate the physiology of the birds through changes in photoperiod, endocrine factors, or immune status to see how these affect migration ability. Finally we use flight as an exercise treatment to see how it affects immunocompetence, energy status and behaviour.**

**In the field we conduct studies of free living birds and bats. Birds and bats are captured during migratory refueling and their physiology is measured through blood sampling and body composition analysis (magnetic resonance analysis). Some animals are marked with radio transmitters so that we can track their movements after capture. We also intend to manipulate the animal's immune status by challenging them with a simulated infection (LPS) and then following how they respond. In some cases birds are held for several days to study their digestive function during refueling. Birds and bats are occasionally held for a day to measure their metabolic rates using a respirometry system.**

**The objective of these studies is to understand the physiological aspects of migration in birds and bats so that we can improve long term conservation efforts. Changes in the atmosphere due to climate change may affect fuel use and water balance during flight. Changes in habitat will affect refueling. If we better understand the factors influencing migratory flight and refueling then we can better predict how birds and bats will respond to environmental change.**

## 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 **Staphylococcus aureus subsp. aureus Rosenbach**

What is the origin of the microorganism(s)? **Pulse Scientific Inc., Burlington, Ontario,**  
**<http://www.pulsescientific.com>**

Please describe the risk (if any) of escape and how this will be mitigated:

**The microorganism is contained in pellet form inside a secure tube with a screw lid. The risk of escape is therefore minimal. All handling will take place in biosafety cabinet with the doors of the room closed.**

*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
<i>Staphylococcus aureus subsp. aureus Rosenb.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	40mL	Pulse Scientific Inc	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
<i>Escherichia coli</i> ATCC#8739	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40mL	Pulse Scientific Inc	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
<i>Escherichia coli</i> ATCC #51813	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40mL	Pulse Scientific Inc	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
<i>Candida albicans</i> (ATCC #10231)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40mL	Pulse Scientific Inc	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 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](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	<input type="checkbox"/> Yes <input type="checkbox"/> No		Not applicable
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No			
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Blood (fraction) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (unpreserved)		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

Additional Comments: \_\_\_\_\_

#### 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?

\* **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](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

\* **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 **Birds and Bats**

7.3 AUS protocol # **2010-216, 2010-020**

7.4 List the location(s) for the animal experimentation and housing. **AFAR and Field**

7.5 Will any of the agents listed in section 4.0 be used in live animals  
 NO  YES, specify:

7.6 Will the agent(s) be shed by the animal:  
 YES  NO, please justify:

## 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 # **birds and bats**  NO
- ◆ Birds  YES, species **songbirds and shorebirds**  NO
- ◆ Others (wild or domestic)  YES, specify **bats**  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) **Lipopolysaccharide**  
Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

9.3 What is the LD<sub>50</sub> (specify species) of the toxin or hormone **unknown - see MSDS**

9.4 How much of the toxin or hormone is handled at one time\*? **5mg**

9.5 How much of the toxin or hormone is stored\*? **20mg**

9.6 Will any biological toxins or hormones be used in live animals?  YES  NO  
If **YES**, Please provide details: **Birds are injected i.p. at 1mg/kg using a 0.25 mg/ml solution. This induces a transient sickness response (elevated body temperature, lethargy) which we measure.**

\*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)

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** Christopher G. Guglielmo **Date:** December 21, 2011

## 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: **BGS 3012, AFAR 216**

NO, please certify

NOT REQUIRED for Level 1 containment

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

## 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:

**If there is an exposure the individual will be sent to University Health Services or other medical facility for assessment and treatment, and an accident report form will be filed. Individuals working with bats are rabies vaccinated and have up to date titre testing, but would still be sent for assessment. Other agents are low risk, but again assessment and treatment would occur.**

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** Christopher G. Guglielmo **Date:** December 21, 2011

15.4 Additional Comments: \_\_\_\_\_

## 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: Re: Fwd: RE: Biological Agents Registry Form (Guglielmo) - EXPIRING SOON

**Date:**Tue, 10 Jan 2012 15:35:04 -0500

**From:**Christopher Guglielmo <cguglie2@uwo.ca>

**To:**'Jennifer Stanley' <jstanle2@uwo.ca>

E-mail

Dear Jennifer,

I have 2 students working with bats and they are rabies vaccinated and on record with Health Services (McGuire and Jonasson). I have filled in section 15.2 on the attached form. Please let me know if what I have entered is acceptable.

Yes, we should do another inspection. I am leaving tomorrow morning for a conference and will be back late Friday. Next week is pretty booked up, but could we do AFAR and BGS on Friday the 20<sup>th</sup>?

Thanks, Chris

Christopher G. Guglielmo  
Associate Professor  
Department of Biology, Advanced Facility for Avian Research  
University of Western Ontario  
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## Staphylococcus aureus - Material Safety Data Sheets (MSDS)

### MATERIAL SAFETY DATA SHEET - INFECTIOUS SUBSTANCES

#### SECTION I - INFECTIOUS AGENT

**NAME:** *Staphylococcus aureus*

**SYNONYM OR CROSS REFERENCE:** Staphylococcal diseases, impetigo, toxic shock syndrome, food poisoning, intoxication

**CHARACTERISTICS:** Gram positive cocci, usually in clusters; coagulase positive; non-spore forming; non-motile; many strains produce exotoxins including staphylococcal enterotoxins A,B,C,D,E, toxic shock syndrome toxin (TSST-1) and exfoliative toxins A, and B

#### SECTION II - HEALTH HAZARD

**PATHOGENICITY:** Opportunistic pathogen, normal flora; produces a variety of syndromes with a range of clinical manifestations; clinically different in general community, newborns, menstruating women, and hospitalized patients; food intoxication is characterized by abrupt/violent onset, severe nausea, cramps, vomiting, and diarrhea using lasting 1-2days; animal bites can result in localized infections; may cause surface or deep/system infections in both community and hospital settings; surface infections include impetigo, folliculitis, abscesses, boils, infected lacerations; deep infections include endocarditis, meningitis, septic arthritis, pneumonia, osteomyelitis; systemic infection may cause fever, headache malaise, myalgia; newborns are susceptible to scalded skin syndrome (SSS) caused by exfoliative toxins; my be colonized during delivery resulting in sepsis meningitis; toxic shock syndrome is an acute multi-system illness caused by TSST-1 a super antigen; characterized by sudden onset, high fever, vomiting, profuse watery diarrhea, myalgia, hypotension erythematous rash

**EPIDEMIOLOGY:** Occurs worldwide; particularly in areas where personal hygiene is suboptimal; in hospitals by development of antibiotic-resistant strains

**HOST RANGE:** Humans; to a lesser extent, warm-blooded animals

**INFECTIOUS DOSE:** Virulence of strains varies greatly

**MODE OF TRANSMISSION:** Contact with nasal carriers (30-40% of population); from draining lesions or purulent discharges; spread person-to-person; ingestion of food containing staphylococcal enterotoxin (food may be contaminated by food handlers hands); from mother to neonate during delivery

**INCUBATION PERIOD:** Variable and indefinite, commonly 4-10 days; disease may not occur until several months after colonization; interval between eating food and onset of symptoms is usually 2-4 hours (30 min to 8 hours)

**COMMUNICABILITY:** As long as purulent lesions continue to drain or carrier state persists; auto-

infection may continue for the period of nasal colonization or duration of active lesions

## SECTION III - DISSEMINATION

**RESERVOIR:** Human; patients with indwelling catheters or IVs act as reservoirs for nosocomial infections; food borne - occasionally cows with infected udders

**ZOONOSIS:** Yes - direct or indirect contact with infected animals

**VECTORS:** None

## SECTION IV - VIABILITY

**DRUG SUSCEPTIBILITY:** Many strains are multi-resistant to antibiotics and are of increasing importance; methicillin resistant (MRSA) strains have caused major outbreaks world-wide; Vancomycin resistant (VRSA) are being increasingly isolated; sensitivity must be determined for each strain

**SUSCEPTIBILITY TO DISINFECTANTS:** Susceptible to many disinfectants - 1% sodium hypochlorite, iodine/alcohol solutions, glutaraldehyde, formaldehyde

**PHYSICAL INACTIVATION:** Organisms are destroyed by heat (moist heat - 121° C for at least 15 min, dry heat - 160-170° C for at least 1 hour; enterotoxins are heat resistant, stable at boiling temperature

**SURVIVAL OUTSIDE HOST:** Carcass and organs - up to 42 days; floor - less than 7 days; glass - 46 hours; sunlight - 17 hours; UV - 7 hours; meat products - 60 days; coins - up to 7 days; skin from 30 min to 38 days

## SECTION V - MEDICAL

**SURVEILLANCE:** Monitor for skin inflammation if wounded by a sharp instrument; isolation of organism from wound or blood, CSF, urine; isolation of > 10<sup>5</sup> organisms or enterotoxin from suspected food

**FIRST AID/TREATMENT:** Fluid replacement for food poisoning; in localized skin infections, drain abscesses; antibiotic therapy for severe infections

**IMMUNIZATION:** None

**PROPHYLAXIS:** None

## SECTION VI - LABORATORY HAZARDS

**LABORATORY-ACQUIRED INFECTIONS:** 29 reported cases up to 1973 with 1 death

**SOURCES/SPECIMENS:** Clinical specimens - blood, abscesses, lesion exudates, CSF, respiratory specimens, feces, urine

**PRIMARY HAZARDS:** Injuries from contaminated sharp instruments; ingestion; aerosols

**SPECIAL HAZARDS:** Direct contact with open cuts and lesions of skin

## SECTION VII - RECOMMENDED PRECAUTIONS

**CONTAINMENT REQUIREMENTS:** Biosafety level 2 practices, containment equipment and facilities for activities with cultures or potentially infectious clinical materials

**PROTECTIVE CLOTHING:** Laboratory coat: gloves when skin contact is unavoidable

**OTHER PRECAUTIONS:** Thorough handwashing before leaving the laboratory and after handling infectious materials

## SECTION VIII - HANDLING INFORMATION

**SPILLS:** Allow aerosols to settle; wear protective clothing; gently cover spill with paper towel and apply 1% sodium hypochlorite, starting at perimeter and working towards the centre; allow sufficient contact time (30 min) before clean up

**DISPOSAL:** Decontaminate before disposal; steam sterilization, chemical disinfection

**STORAGE:** In sealed containers that are appropriately labelled

## SECTION IX - MISCELLANEOUS INFORMATION

**Date prepared:** March, 2001

**Prepared by:** Office of Laboratory Security, PHAC

Although the information, opinions and recommendations contained in this Material Safety Data Sheet are compiled from sources believed to be reliable, we accept no responsibility for the accuracy, sufficiency, or reliability or for any loss or injury resulting from the use of the information. Newly discovered hazards are frequent and this information may not be completely up to date.

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Date Modified: 2011-02-18

## Bacteria

ATCC® Number: **8739™** [Order this Item](#) Price: **\$155.00**

Organism: *Escherichia coli* (Migula) Castellani and Chalmers

Designations: Crooks

Isolation: feces

Depositor: IC Gunsalus

History: ATCC <<--IC Gunsalus<<--G.C. Crooks

Biosafety Level: 1

Shipped: freeze-dried

Growth Conditions: [ATCC medium3](#): Nutrient agar or nutrient broth  
**Temperature:** 37.0°C

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.

Cross References: *Escherichia coli* C str. ATCC [8739](#) finished genome JGI Project ID4002730

Nucleotide (GenBank) : [CP000946](#) *Escherichia coli* ATCC [8739](#), complete genome

Comments: Genome sequenced strain

assay of [[92287](#)]

assay of antimicrobial preservatives [[4101](#)] [[11020](#)] [[21514](#)] [[21603](#)]

bioresistance testing [[92589](#)]

detection of [[92381](#)] [[92805](#)] [[92834](#)]

efficacy testing [[92779](#)]

Applications: media testing [[11019](#)] [[21509](#)] [[21511](#)] [[21613](#)] [[92345](#)] [[92390](#)] [[92845](#)]

preparatory test control [[21613](#)]

quality control strain [[92096](#)]

testing [[92304](#)] [[92305](#)] [[92307](#)] [[92349](#)] [[92403](#)]

testing antimicrobial handwashing formulations [[32196](#)]

reduces dehydroascorbic acid [[6118](#)]

quality control strain for Biosynth and Difco products

also available as SafeTsource™: ATCC [8739NA](#)

purified DNA: ATCC [8739D-5](#)

Related Products: also available as Certified Reference Material, ATCC [CRM-8739](#)

4101: ASTM International Standard Test Method for Preservatives in Water-Containing Cosmetics. West Conshohocken, PA

6118: J. Biol. Chem. 141: 853, 1941.

**Related Links ▶**

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**BioStandards**

[Biological Reference Material and Consensus Standards for the life science](#)

- [community](#)

## Bacteria

ATCC® Number: **51813™** [Order this Item](#) Price: **\$255.00**

**Related Links ▶**[NCBI Entrez Search](#)[Make a Deposit](#)[Frequently Asked Questions](#)[Material Transfer Agreement](#)[Technical Support](#)[Related Products](#)

Organism: *Escherichia coli* (Migula) Castellani and Chalmers  
Designations: DG1H9  
Isolation: food, Minnesota  
Depositor: 3M Health Care  
[Biosafety Level:](#) 1  
Shipped: freeze-dried  
Growth Conditions: [ATCC medium3](#): Nutrient agar or nutrient broth  
**Temperature:** 37.0°C  
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.  
Comments: Quality control of 3M products

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[Return to Top](#)

## Fungi, Yeasts and Yeast Genetic Stock

ATCC® Number: **10231™** [Order this Item](#) Price: **\$155.00**

Organism: *Candida albicans* (Robin) Berkhout, anamorph  
 3147 [CBS 6431, CCY 29-3-106, CIP 48.72, DSM 1386,  
 Designations: IFO 1594, NCPF 3179, NCYC 1363, NIH 3147, VTT C-  
 85161]  
 Isolation: man with bronchomycosis  
 Depositors: CW Emmons  
 History: ATCC <<-- CW Emmons<<-- Wright  
[Biosafety Level:](#) 1  
 Shipped: freeze-dried  
 Growth Conditions: [ATCC medium 200](#): YM agar or YM broth  
**Temperature:** 25.0°C

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.

Antigenic Properties: serotype A [[19210](#)]

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SIGMA-ALDRICH

## Material Safety Data Sheet

Version 3.1  
 Revision Date 06/18/2009  
 Print Date 03/09/2010

## 1. PRODUCT AND COMPANY IDENTIFICATION

Product name : Lipopolysaccharides, from *Salmonella enterica*  
 serotype typhimurium

Product Number : L7261  
 Brand : Sigma

Company : Sigma-Aldrich Canada, Ltd  
 2149 Winston Park Drive  
 OAKVILLE ON L6H 6J8  
 CANADA

Telephone : +19058299500  
 Fax : +19058299292  
 Emergency Phone # : 800-424-9300

## 2. COMPOSITION/INFORMATION ON INGREDIENTS

CAS-No.	EC-No.	Index-No.	Concentration
<b>Lipopolysaccharides <i>Salmonella enterica</i> serotype typhimurium</b>			
-	-	-	-

## 3. HAZARDS IDENTIFICATION

## Emergency Overview

**Other hazards which do not result in classification**  
 Pyrogen. May cause fever.

## WHMIS Classification

Not WHMIS controlled.

Not WHMIS controlled.

## HMIS Classification

Health Hazard: 0  
 Flammability: 0  
 Physical hazards: 0

## Potential Health Effects

**Inhalation** May be harmful if inhaled. May cause respiratory tract irritation.  
**Skin** May be harmful if absorbed through skin. May cause skin irritation.  
**Eyes** May cause eye irritation.  
**Ingestion** May be harmful if swallowed.

## 4. FIRST AID MEASURES

## If inhaled

If breathed in, move person into fresh air. If not breathing give artificial respiration

**In case of skin contact**

Wash off with soap and plenty of water.

**In case of eye contact**

Flush eyes with water as a precaution.

**If swallowed**

Never give anything by mouth to an unconscious person. Rinse mouth with water.

**5. FIRE-FIGHTING MEASURES****Flammable properties**

Flash point no data available

Ignition temperature no data available

**Suitable extinguishing media**

Use water spray, alcohol-resistant foam, dry chemical or carbon dioxide.

**Special protective equipment for fire-fighters**

Wear self contained breathing apparatus for fire fighting if necessary.

**6. ACCIDENTAL RELEASE MEASURES****Personal precautions**

Avoid dust formation.

**Environmental precautions**

Do not let product enter drains.

**Methods for cleaning up**

Sweep up and shovel. Keep in suitable, closed containers for disposal.

**7. HANDLING AND STORAGE****Handling**

Provide appropriate exhaust ventilation at places where dust is formed. Normal measures for preventive fire protection.

**Storage**

Keep container tightly closed in a dry and well-ventilated place.

Recommended storage temperature: 2 - 8 °C

**8. EXPOSURE CONTROLS/PERSONAL PROTECTION**

Contains no substances with occupational exposure limit values.

**Personal protective equipment****Respiratory protection**

Respiratory protection is not required. Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN 143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU).

**Hand protection**

For prolonged or repeated contact use protective gloves.

**Eye protection**

Safety glasses

**Hygiene measures**

General industrial hygiene practice.

## 9. PHYSICAL AND CHEMICAL PROPERTIES

### Appearance

Form powder, lyophilized

### Safety data

pH no data available

Melting point no data available

Boiling point no data available

Flash point no data available

Ignition temperature no data available

Lower explosion limit no data available

Upper explosion limit no data available

Water solubility no data available

## 10. STABILITY AND REACTIVITY

### Storage stability

Stable under recommended storage conditions.

### Hazardous decomposition products

Hazardous decomposition products formed under fire conditions. - Nature of decomposition products not known.

## 11. TOXICOLOGICAL INFORMATION

### Acute toxicity

no data available

### Irritation and corrosion

no data available

### Sensitisation

no data available

### Chronic exposure

IARC: No component of this product present at levels greater than or equal to 0.1% is identified as probable, possible or confirmed human carcinogen by IARC.

### Signs and Symptoms of Exposure

To the best of our knowledge, the chemical, physical, and toxicological properties have not been thoroughly investigated.

### Potential Health Effects

**Inhalation** May be harmful if inhaled. May cause respiratory tract irritation.

**Skin** May be harmful if absorbed through skin. May cause skin irritation.

**Eyes** May cause eye irritation.

**Ingestion** May be harmful if swallowed.

## 12. ECOLOGICAL INFORMATION

**Elimination information (persistence and degradability)**

no data available

**Ecotoxicity effects**

no data available

**Further information on ecology**

no data available

**13. DISPOSAL CONSIDERATIONS**

**Product**

Observe all federal, state, and local environmental regulations.

**Contaminated packaging**

Dispose of as unused product.

**14. TRANSPORT INFORMATION**

**DOT (US)**

Not dangerous goods

**IMDG**

Not dangerous goods

**IATA**

Not dangerous goods

**15. REGULATORY INFORMATION**

**DSL Status**

This product contains the following components that are not on the Canadian DSL nor NDSL lists.

Lipopolysaccharides Salmonella enterica serotype typhimurium

CAS-No.

-

**WHMIS Classification**

Not WHMIS controlled.

Not WHMIS controlled.

**16. OTHER INFORMATION**

**Further information**

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## LYOPHILIZED MICROORGANISM PREPARATIONS

### Section 1 – General Information

**Product:** Lyophilized microorganism preparations  
**Manufacturer:** Microbiologics, Inc.  
**Telephone:** 320-253-1640  
**Address:** 217 Osseo Avenue North  
St. Cloud, Minnesota 56303 USA

### Section 2 – Composition

Each lyophilized, cylinder-shaped pellet contains a pure or mixed microorganism population. The microorganisms are classified as either Risk Group 1 or Risk Group 2 by the World Health Organization (WHO). These microorganisms may cause human infection, may pose a hazard to laboratory personnel, but are unlikely to spread in the community. Exposure to these microorganisms in the laboratory rarely causes infection. Effective prevention and treatment is typically available.

### Section 3 – Hazard Information

**Physio-chemical:** Not applicable  
**Health:** Risk of infection  
**Environmental:** Not applicable

### Section 4 – First Aid Measures

**Eyes:** Avoid contact with eyes. If contact occurs, wash with plenty of water and seek medical attention immediately.  
**Skin:** Non-irritant. If skin contact occurs, wash with an appropriate biocidal solution.  
**Inhalation:** Avoid the production of aerosols. If inhalation occurs, move to an area of fresh air and seek medical advice.  
**Ingestion:** Avoid hand to mouth contact. If ingested, seek medical advice.

### Section 5 – Fire Fighting Measures

Not applicable

### Section 6 – Accidental Release Measures

In case of accidental spillage, contain the spilled material and immediately notify nearby personnel of the incident. Decontaminate the spillage by flooding and soaking the spilled material with a suitable disinfectant. Allow sufficient time for the biocidal activity of the disinfectant according to the manufacturer's instructions for use. Clean the area and material using disposable paper towels or tissues. Towels and tissues containing microorganisms should be treated as biohazard material.

### Section 7 – Handling and Storage

The lyophilized microorganism preparation must be stored at 2°- 8°C in the original sealed container. The lyophilized preparations contain viable microorganisms that may, under certain circumstances, produce disease. Proper techniques must be employed to avoid exposure and contact with microorganism growth. The microbiology laboratory must be equipped, and have the facilities to receive, process, maintain, store and dispose of biohazard material. The microbiology laboratory personnel using these devices must be trained, experienced and demonstrate proficiency in processing, maintaining, storing and disposing of biohazard material.

**Section 8 – Exposure Control – Personal Protection**

Good laboratory practices must be observed and followed at all times. The use of a biological safety cabinet, the prevention of aerosols and the use of gloves, moisture impervious aprons, and other protective clothing must be dictated by the standard operational procedures of each individual laboratory.

**Section 9 – Physical and Chemical Properties**

Inert, odorless and dry material.

**Section 10 – Stability and Reactivity**

When stored as directed, the lyophilized microorganism preparations are stable until the last day of the stated month of the expiration date. The length of storage does not affect the risk of infection.

**Section 11 – Toxicology Information**

Not applicable.

**Section 12 – Ecological Information**

Not applicable.

**Section 13 - Disposal**

The lyophilized materials, and subsequent growth of these microorganisms on culture media, are considered to be biohazard material. Agencies and statutes regulate the disposal of all biohazard materials. Each laboratory must be aware of, and comply with, the proper disposal of biohazard materials.

**Section 14 – Transport Information**

Refer to national and international regulations regarding the shipment and transport of biohazard materials. **UN Classification:** UN3373 Biological Substance, Category B and UN2814, Infectious Substances affecting humans for Microbiologics catalog numbers 0617 and 0730.

**Section 15 – Regulatory Information**

Not Listed.

**Section 16 – Other Information**

To the best of our knowledge, the information contained herein is accurate. Microbiologics Inc. assumes no liabilities for accuracy or completeness of the information contained herein.

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**TOXIN USE RISK ASSESSMENT**

<b>Name of Toxin:</b>	Lipopolysaccharide
<b>Proposed Use Dose:</b>	5000 µg
<b>Proposed Storage Dose:</b>	20000 µg
<b>LD<sub>50</sub> (species):</b>	250000 µg

<b>Calculation:</b>	
250000 µg/kg	x 50 kg/person
Dose per person based on LD <sub>50</sub> in µg = 12500000	
<b>LD<sub>50</sub> per person with safety factor of 10 based on LD<sub>50</sub> in µg =</b>	<b>1250000</b>

**Comments/Recommendations:** The LD50 used was for E. coli LPS.