

**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:	<u>Peter K. Rogan, PhD</u>
DEPARTMENT:	<u>Biochemistry</u>
ADDRESS:	<u>Dental Science Building 50</u>
PHONE NUMBER:	<u>x 84255</u>
EMERGENCY PHONE NUMBER(S):	
EMAIL:	<u><a href="mailto:progan@uwo.ca">progan@uwo.ca</a></u>

Location of experimental work to be carried out :

Building :	<u>Dental Sciences Building</u>	Room(s):	<u>5001</u>
Building :	<u>Dental Sciences Building</u>	Room(s):	<u>5002A</u>
Building :		Room(s):	<u>500</u>

**\*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: Canada Research Chair NSERC, CFI  
 GRANT TITLE(S): Modeling mRNA splicing by exon definition in silico  
 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>
<u>Eliseos John Mucaki</u>	<u><a href="mailto:emucaki@uwo.ca">emucaki@uwo.ca</a></u>	<u>16-Jul-2008</u>
<u>Stephanie Dorman</u>	<u><a href="mailto:sdorman@uwo.ca">sdorman@uwo.ca</a></u>	<u>30-Sep-2009</u>
<u>Edwin Dovigi</u>	<u><a href="mailto:edovigi@uwo.ca">edovigi@uwo.ca</a></u>	<u>19-Sep-2010</u>
<u>Natasha Caminsky</u>	<u><a href="mailto:ncaminsk@uwo.ca">ncaminsk@uwo.ca</a></u>	<u>30-May-2011</u>
<u>Wahab Altaf Khan</u>	<u><a href="mailto:wkhan43@uwo.ca">wkhan43@uwo.ca</a></u>	<u>13-June-2011</u>



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

**Interpretation of the effects of variation in genes is among the most challenging and important problems to be addressed in deciphering the sequences of complete genomes. My laboratory has developed bioinformatic theory, software, and applications to understand and predict the consequences of DNA sequence changes. This framework uses information theory to relate differences between the strengths of interactions between proteins and DNA or RNA to their effects on gene expression. Information theory is a mathematical framework that can be used to detect and quantify signals in DNA or RNA that are recognized and bound by proteins in the cell. This project will develop and evaluate mathematical models for the natural cellular process to identify elemental protein-coding units of genes, termed exons, from the sequences of unprocessed RNA transcripts. Correct processing of these transcripts is called mRNA splicing. We will use information theory to define these signals, and then combine multiple signals within individual exons to distinguish and quantify correctly processed mRNA transcripts from potential decoys. The predictions will be compared with published sequence databases of expressed genes to determine the accuracy of these models. The models, methods, and software developed in this will be useful for predicting gene expression patterns in humans and other species. These resources are being used in studies of common and disease-related sequence variants that are predicted to affect normal mRNA splicing.**

## 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
<i>E. Coli</i> (for recombinant DNA)	<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	< 1 L	Invitrogen	<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
<b>See E-mail</b>						<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
	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	lymphoblasts, fibroblast, hepatocyte	Not applicable
Rodent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Non-human primate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	lymphoblastoid, HepG2, Caco 2	2	ATCC, NIGMS, Coriell some established by PI at Penn. State and Univ. Missouri Med. Schools
Rodent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>rarely</i>			
Non-human primate	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	cos7, 293, CV1	2	" "
Other (specify)	<input type="checkbox"/> Yes <input checked="" 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: \* see attached examples from ATCC and NIGMS

## 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	study participant (< 20 cc)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input checked="" 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)	small fibroblast sample - study participant	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)	fixed lymphocytes, tissue sections, preserved	Not Applicable		Not Applicable

Additional Comments: prior to coming to lab by London Health Science Centre, Ontario tumor bank and collaborating labs

**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?
competent E. coli cells	PCR 2.1 Topo pDEST26, pEBT1, pAS2	Invitrogen, collaborating labs	Human cDNA and genomic	yes	No	copy amplification, protein expression

\* 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 presumed mutations
- ◆ 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

7.3 AUS protocol #

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

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         | <input type="checkbox"/> YES                     | <input type="checkbox"/> NO |
| ◆ Pound source cats         | <input type="checkbox"/> YES                     | <input type="checkbox"/> NO |
| ◆ Cattle, sheep or goats    | <input type="checkbox"/> YES, species            | <input type="checkbox"/> NO |
| ◆ Non-human primates        | <input type="checkbox"/> YES, species            | <input type="checkbox"/> NO |
| ◆ Wild caught animals       | <input type="checkbox"/> YES, species & colony # | <input type="checkbox"/> NO |
| ◆ Birds                     | <input type="checkbox"/> YES, species            | <input type="checkbox"/> NO |
| ◆ Others (wild or domestic) | <input type="checkbox"/> YES, specify            | <input type="checkbox"/> 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<sub>50</sub> (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](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 *France (pCAS2 vector)*
- 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** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Aut J. B...* *2/1/2012*

**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-Sep-2011*  
 NO, please certify  
 NOT REQUIRED for Level 1 containment

14.3 Please indicate permit number (not applicable for first time applicants): *BIO-UWO-0215*

**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 skin is exposed, wash area with soap or antiseptic wash. Use eye wash if eyes are exposed. Contact OHS if necessary. Seek medical help if recommended for further assessment and/or treatment.*

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 \_\_\_\_\_ Date: \_\_\_\_\_ *Chris DeGor 21/1/2012*

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:

**Subject:** Re: Biological Agents Registry Form: Rogan  
**From:** Eliseos Mucaki <emucaki@gmail.com>  
**Date:** Tue, 06 Mar 2012 17:00:27 -0500  
**To:** Jennifer Stanley <jstanle2@uwo.ca>

E-mail

- We don't use rodent cells. We may collaborate with a lab that does sometime in the future, which may be why this was listed as 'rarely'. We won't be doing any rodent work in our lab itself.

- CVI cells, B cell lines from patients with common variable immunodeficiency

- This was a mistake that propagated from the earlier versions of the form, thanks for letting me know. I suppose the CVI cells should also be put into the human category.

On Tue, Mar 6, 2012 at 4:36 PM, Jennifer Stanley <[jstanle2@uwo.ca](mailto:jstanle2@uwo.ca)> wrote:

Thanks -

We also noticed that you use rodent cells "rarely" - which rodent cells do you use?

Also - there was one kind of cell that was hard to decipher - CUI cells?

NB - 293 cells are human (not NHP as indicated)

Regards  
Jennifer

On 3/6/2012 4:29 PM, Eliseos Mucaki wrote:

We have two types of E.Coli strains:

DH5-alpha  
BL21

On Tue, Mar 6, 2012 at 3:18 PM, Peter Rogan <[progan@uwo.ca](mailto:progan@uwo.ca)> wrote:

----- Forwarded message -----

From: **Jennifer Stanley** <[jstanle2@uwo.ca](mailto:jstanle2@uwo.ca)>  
Date: Tue, Mar 6, 2012 at 2:38 PM



Info on Cell Line(s)

## 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.



## MATERIAL SAFETY DATA SHEET

### 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.



## MATERIAL SAFETY DATA SHEET

### 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 as 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

American Type Culture Collection  
P.O. Box 1549  
Manassas, VA 20108  
July 2010

Emergency Telephone: (703) 365-2710 (24 hours)  
Information Telephone: (703) 365-2700 Ext.2303



## MATERIAL SAFETY DATA SHEET

**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



**ATCC™**

## **MATERIAL SAFETY DATA SHEET**

---

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:

**HB-8065™**[Order this Item](#)

Price:

**\$359.17 (non-profit list price)****[Log In](#) with customer # to see your price**[See New Benefits of ATCC Culture](#)

Designations:

**Hep G2**

Depositors:

Wistar Institute

[Biosafety Level:](#)

1

Shipped:

frozen

Medium &amp; Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

*Homo sapiens*

epithelial

Morphology:



Source:

**Organ:** liver**Disease:** hepatocellular carcinoma

alpha-fetoprotein (alpha fetoprotein); albumin; alpha2 macroglobulin (alpha-2-macroglobulin); alpha1 antitrypsin (alpha-1-antitrypsin); transferrin; alpha1 antichymotrypsin; (alpha-1-antichymotrypsin); haptoglobin; ceruloplasmin; plasminogen;

Cellular Products:

complement (C4); C3 activator; fibrinogen; alpha1 acid glycoprotein (alpha-1 acid glycoprotein); alpha2 HS glycoprotein (alpha-2-HS-glycoprotein); beta lipoprotein (beta-lipoprotein); retinol binding protein (retinol-binding protein)

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.

Permits/Forms:

Applications:

transfection host

Receptors:

insulin; insulin-like growth factor II (IGF II) [[22446](#)]

Tumorigenic:

No

Amelogenin: X,Y

CSF1PO: 10,11

D13S317: 9,13

D16S539: 12,13

DNA Profile (STR):

D5S818: 11,12

D7S820: 10

F13A01: 5,7

F13B: 6,10

**Related Links ▶**[NCBI Entrez Search](#)[Cell Micrograph](#)[Make a Deposit](#)[Frequently Asked Questions](#)[Material Transfer Agreement](#) New![Technical Support](#)[Related Cell Culture Products](#)[Product Information Sheet](#)**[BioProducts](#)**[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:

HTB-37™

[Order this Item](#)

Price:

\$359.17 (non-profit list price)

[Log In](#) with customer # to see your price[See New Benefits of ATCC Culture](#)

Designations:

Caco-2

Depositors:

J Fogh

[Biosafety Level:](#)

1

Shipped:

frozen

Medium &amp; Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

*Homo sapiens*

epithelial

Morphology:



Source:

**Organ:** colon**Disease:** colorectal adenocarcinoma

keratin

Cellular Products:

retinoic acid binding protein 1

retinol binding protein 2

In addition to the [MTA](#) mentioned above, other [ATCC and/or regulatory permits](#) may be required for the transfer of this ATCC

Permits/Forms:

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.

NaviCyte Scientific holds the exclusive commercial distribution rights to the Caco-2 cell line as deposited by the Memorial Sloan-Kettering Cancer Center (SK) with the American Type Culture

Restrictions:

Collection (ATCC). **Note:** All uses of ATCC® HTB-37™, other than for research by a non-commercial or academic entity, require a license and use authorization from NaviCyte Scientific under its exclusive arrangement with Memorial Sloan-Kettering.

Applications:

transfection host

Receptors:

heat stable enterotoxin (St<sub>a</sub>, E. coli), expressed  
epidermal growth factor (EGF), expressed

Virus Susceptibility:

Human immunodeficiency virus 1

Tumorigenic:

Yes

Amelogenin: X

CSF1PO: 11

D13S317: 11,13,14

D16S539: 12,13

DNA Profile (STR):

D5S818: 12,13

D7S820: 11,12

THO1: 6

TPOX: 9 11

**Related Links** ▶[NCBI Entrez Search](#)[Cell Micrograph](#)[Make a Deposit](#)[Frequently Asked Questions](#)[Material Transfer Agreement](#) New![Technical Support](#)[Related Cell Culture Products](#)[Product Information Sheet](#)**BioProducts**[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:

CRL-1651™

[Order this Item](#)

Price:

**\$359.17 (non-profit list price)****[Log In](#) with customer # to see your price**[See New Benefits of ATCC Culture](#)

Designations:

COS-7

Depositors:

Y Gluzman

Biosafety Level:

2 [Cells Contain SV-40 viral DNA sequences ]

Shipped:

frozen

Medium &amp; Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

*Cercopithecus aethiops*  
fibroblast

Morphology:



Source:

**Organ:** kidney**Cell Type:** SV40 transformed

Cellular Products:

T antigen

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

This is an African green monkey kidney fibroblast-like cell line suitable for transfection by vectors requiring expression of SV40 T antigen. This line contains T antigen, retains complete permissiveness for lytic growth of SV40, supports the replication of ts A209 virus at 40C, and supports the replication of pure populations of SV40 mutants with deletions in the early region. The line was derived from the CV-1 cell line (ATCC ® CCL-70 ) by transformation with an origin defective mutant of SV40 which codes for wild type T antigen.

Comments:

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%.

**Atmosphere:** air, 95%; carbon dioxide (CO<sub>2</sub>), 5%**Temperature:** 37.0°C**Protocol:****Related Links ▶**[NCBI Entrez Search](#)[Cell Micrograph](#)[Make a Deposit](#)[Frequently Asked Questions](#)[Material Transfer Agreement](#) New![Technical Support](#)[Related Cell Culture Products](#)[Product Information Sheet](#)**[BioProducts](#)**

[Cell, microbial and molecular genomics products for the life sciences](#)

- [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:

CRL-1573™

[Order this Item](#)

Price:

\$359.17 (non-profit list price)

[Log In](#) with customer # to see your price[See New Benefits of ATCC Culture](#)

Designations:

293 [HEK-293]

Depositors:

FL Graham

[Biosafety Level:](#)

2 [CELLS CONTAIN ADENOVIRUS ]

Shipped:

frozen

Medium &amp; Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

*Homo sapiens*

epithelial

Morphology:



Source:

**Organ:** embryonic kidney

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.

Permits/Forms:

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  
virucide 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

**Related Links ▶**[NCBI Entrez Search](#)[Cell Micrograph](#)[Make a Deposit](#)[Frequently Asked Questions](#)[Material Transfer Agreement](#) New![Technical Support](#)[Related Cell Culture Products](#)[Product Information Sheet](#)**[BioProducts](#)**

[Cell, microbial and molecular genomics products for the life sciences](#)

- [sciences](#)

**[BioServices](#)**

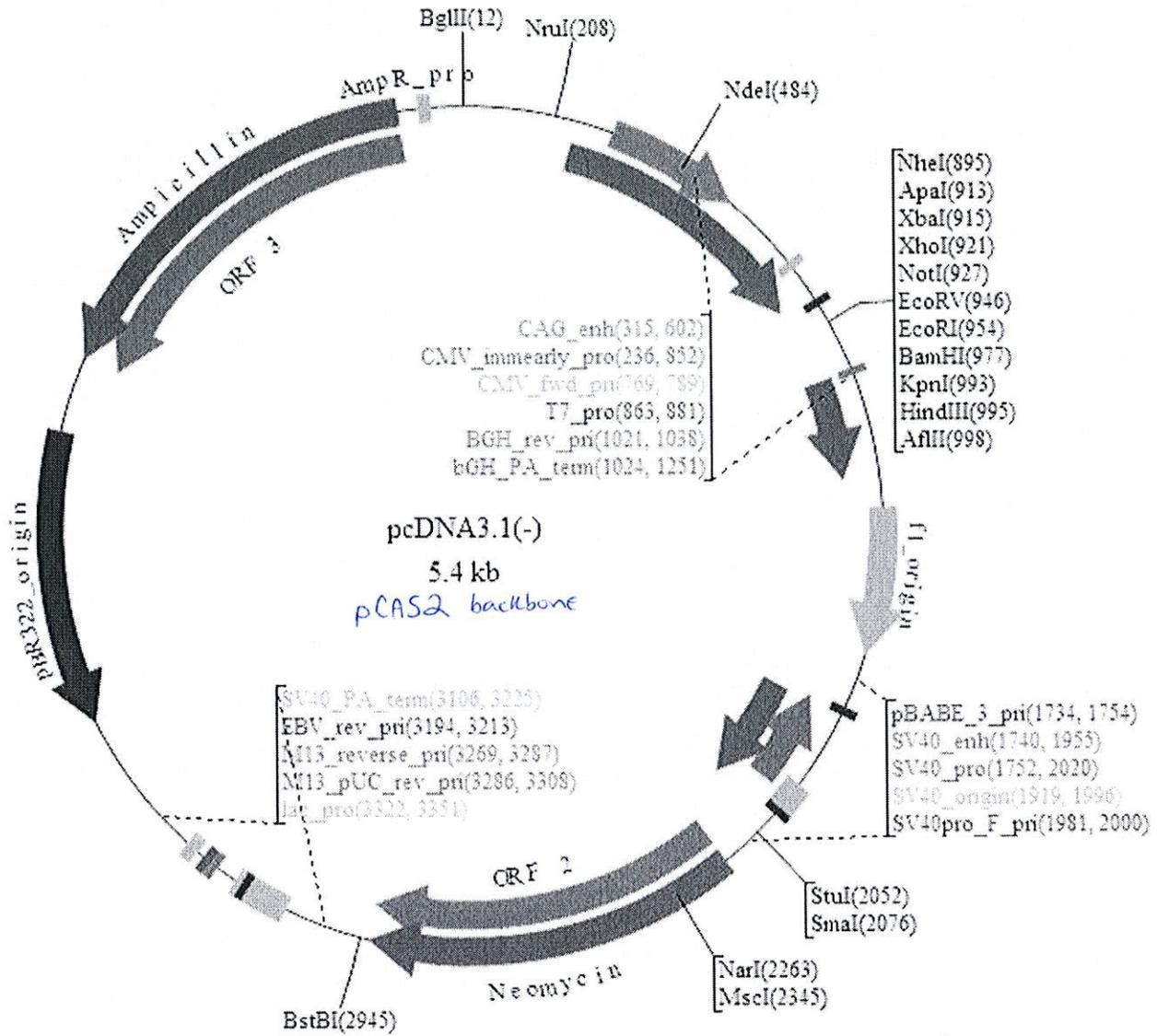
[Bio-materials management; basic repository to complex partnership-level services](#)

- [partnership-level services](#)

**[BioStandards](#)**

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

- [the life science community](#)



Plasmid Map(s)

Comments for pCR<sup>®</sup>2.1-TOPO  
3508 nucleotides



LacZ<sub>α</sub> fragment bases 1-571  
 M13 reverse priming site bases 235-221  
 Multiple cloning site bases 201-357  
 17 promoter/priming site bases 364-333  
 M13 Forward (-20) priming site bases 391-406  
 M13 Forward (-40) priming site bases 411-426  
 R<sup>r</sup> origin bases 548-962  
 Kanamycin resistance ORF bases 1290-2093  
 Ampicillin resistance ORF bases 2108-2968  
 ColE1 origin bases 3113-3786

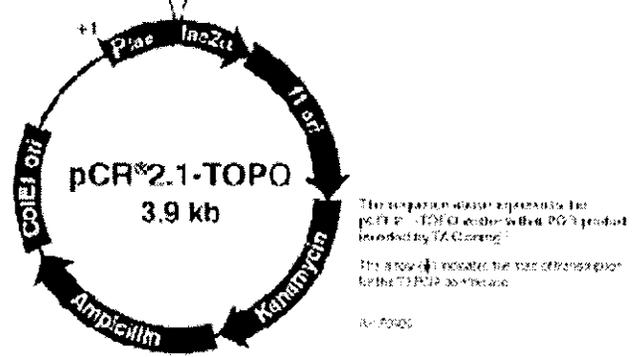
```

                3626-3786
    M13 Reverse Primer          TAGG II          3911          3911          3911
    GAG GAA ACA GCG ACG ACC ACG ATT AGC GCA ACC TCG TTA CCG ACG TCG GGT CCG CTA
    ATC CTT TGT TGA TAC TCG TAC GAA TCG GGT TCG ACC CAG GCG TCG ACC CTA GGT RAT

                3626-3786
    GTA ACG GCG GCC AGT GCG CCG GAA TCG GCG CCG POF Product AAG GCG GAA TCG TCG
    CAT TGG GGG GCG TCA CAC CAC CCG AAG GCG GAA POF Product TCG CCG CTT AAG AAG

    CACV          3626-3786          3626-3786          3626-3786          3626-3786
    AAA TAC CCA TGA CAC TCG CCG CCG CCG GAG CAT GCA TCG ACA GCG CCG AAT TCG CCG TAT
    CCG ATA GGT AGT GCG ACC GCG GCG GAG CAC GCA CCG GAA TCG CCG GCG TTA ACC GCG ATA
    ↑

    17 Promoter          M13 Forward (-20) Priming          M13 Forward (-40) Priming
    GAG GAA TCA TTA TAA AAT TTA CTA GAG GAT GAT TTA CAA GAT GAT GAT TTA GAA AAA
    TCG CAG ACC AAT AAT TTA TTA GAG GCG CAG CAA AAT GGT GCA GCA TCG AAT CTT TTT
    
```



The sequence of pCR<sup>®</sup>2.1-TOPO has been compiled from information in sequence databases, published sequences, and other sources. Portions of this vector have not yet been completely sequenced. If you suspect an error in the sequence, please contact Invitrogen's Technical Services Department at 800-955-0285.

**U.S. Headquarters**  
 Tel: 1-800-955-6288  
 Fax: 1-760-603-7201

**European Headquarters**  
 Tel: +31 (0) 594 515 175  
 Fax: +31 (0) 594 515 312

