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:	**Cheryle Seguin**
DEPARTMENT:	**Physiology and Pharmacology**
ADDRESS:	**DSB0035B**
PHONE NUMBER:	**x82977**
EMERGENCY PHONE NUMBER(S):	**519-474-6239**
EMAIL:	**cheryle.seguin@schulich.uwo.ca**

Location of experimental work to be carried out :

Building :	**Dental Sciences Building**	Room(s):	**0034**
Building :	**Dental Sciences Building**	Room(s):	**0034A**
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, CIHR**

GRANT TITLE(S): **Delineating the Role of the Notochord during Intervertebral Disc Development**
Directed differentiation of pancreatic islet precursors from pluripotent human stem cells
Elucidating the Role of CTGF in Intervertebral disc development, health & disease

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
Matthew McCann	**mmccann4@uwo.ca**	**11-Jul-2011**

Courtney Brooks	cbrook8@uwo.ca	07-Sept-2010
Priya Patel	ppatel86@uwo.ca	23-Jun-2011
Michael Salna	msalna@uwo.ca	07-Mar-2010
Matthew Ernst	mernst2@uwo.ca.	28-Sept-2011
Salma Shaikh	sshaik25@uwo.ca	21-Jun-2011
Jacob Bedore	jbedore2@uwo.ca	06-Feb-2012
Michael Sattin	msattin@uwo.ca	4-Oct-2010

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.

All bacteria outlined (DH5A, OneShot OmniMAX chemically competent cells) are used in the project for the purpose of plasmid cloning and production. Transformed bacteria are stored in glycerol stocks in the -80 in a sealed plastic storage box. All cultures of bacteria not used for commercial plasmid prep kits are disposed of after use following bleaching of live cultures. Any solid waste (i.e. tips, plates etc) is autoclaved in labelled biohazard bags before being disposed of.

Human and mouse cell lines used in the research are stored in long term in cryovials in a liquid nitrogen storage tank. Cell lines are cultured in a dedicated culture facility (level 2) and any cells not being used for subsequent experiments are first bleached, then sealed in biohazard bags for autoclaving.

All plasmids used in these experiments are stored either at -20 or 4 C.

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

The Seguin lab has 2 main areas of research.
1) Directed differentiation of human embryonic stem cells.
The long-term goals of this research are to generate clinically relevant organ-specific stem cells from pluripotent stem cell sources (embryonic stem cells (ESC)) with the capacity to direct the repair or regeneration of damaged organs. By understanding and genetically manipulating the pathways that govern cell fate during embryonic development, we will capitalize on the tremendous potential of pluripotent stem cells (ie. their ability to generate all 220 cell types in the body), and effectively direct and limit their developmental potential. We are currently working to apply these strategies to the generation of insulin-secreting pancreatic beta-cells. Previous studies carried out by Dr. Seguin during her postdoctoral fellowship established that expression of SOX17 in hESC was sufficient to restrict stem cell fate and generate endoderm-restricted progenitor cells (the embryonic lineage that will contribute to the liver, lung, pancreas etc.). These cells are the starting point to test the hypothesis that sequential activation of transcription factors in hESC can further restrict cell fate to generate pancreatic progenitor cells. The Seguin lab has generated transgenic hESC that express both SOX17 and NGN3 or PDX1 and is working to determine the phenotype of these cells. These findings may, in the long term, provide a mechanistic approach to generate the unlimited numbers of cells required for beta-cell transplantation from patient-specific pluripotent cells for the >250 million individuals affected worldwide.

2) Understanding the role of notochord cells during intervertebral disc development and disease.
Low back pain is the most frequently reported musculoskeletal problem in Canadian adults, often associated with osteoarthritis or rheumatoid arthritis. The most common cause of back pain is disc degeneration, which involves substantial changes to the cellular and extracellular matrix composition of the intervertebral disc (IVD) resulting in impaired physiological function. The Seguin lab has developed unique genetic mouse strains in which CRE recombinase is specifically expressed in notochord-derived cells. We used these strains to conduct fate mapping experiments which established that a subpopulation of cells within the mature IVD (the nucleus pulposus) are derived from the embryonic notochord. Based on this initial characterization, we are conducting studies to determine the phenotype of notochord cells during the process of IVD development and maturation, and assess the contribution of specific molecules to IVD formation using tissue specific knockouts. Using our notochord-specific mice, we have generated lineage-specific reporter mice that enable us to isolate specific IVD cell types based on fluorescent protein expression. Cells isolated from these animals will be maintained in culture to compare specific cell properties between the subpopulations (the nucleus pulposus vs. annulus fibrosus) or to compare wild type and notochord-specific knockout mice.

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

E.coli

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
DH5a competent cells	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	**1 L**	**Invitrogen**	☒ 1 ☐ 2 ☐ 2+ ☐ 3
One Shot® OmniMAX™ 2-T1R Chemically Compete	☐ Yes ☒ No	☐ Yes ☒ No	☐ Yes ☒ No	**1L**	**Invitrogen**	☒ 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 intervertebral disc**	**2009-050**
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	**CA1, CA2 human embryonic stem**	**2**	**Mount Sinai Hospital, Toronto ON**
Rodent	☒ Yes ☐ No	**mouse embryonic fibroblasts, mESC**	**2**	**SickKids Stem Cell Facility, ON**
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: **human embryonic stem cells and mouse cells are from academic sources and therefore do not have an associated MSDS**

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		☐ 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: _____

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?
DH5a **One Shot® OmniMAX™ 2-T1R**	**pCAGGS** **pCAGS-ERT2** **pCAGS-GRLBD** **piggyBac transposon**	**academic**	**SOX17** **NGN3** **PDX1** **Brachyury** **PAX4** **GFP** **RFP**	**No**	**No**	**None - all plasmids are used for differentiation of human embryonic stem cells**

E.coli

uivalent if available.

the following strains of E. coli:
ocs/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

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	☐ 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 Cheryle Seguin ***Date:*** Jan 31, 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: **9/1/2011**
☐ NO, please certify
☐ NOT REQUIRED for Level 1 containment

14.3 Please indicate permit number (not applicable for first time applicants): **BIO-UWO-0236**

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:
Exposure to biological agents in the form of accidental splash will be dealt with by flushing the exposed area with water, using the eye wash station, or sink as applicable. Needles are not used with the agents in my laboratory.

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 **Cheryle Seguin** ***Date:*** **Jan 31, 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:

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

invitrogen™

Material Safety Data Sheet

Revision Date: 12-Feb-2008

1. IDENTIFICATION OF THE SUBSTANCE/PREPARATION AND THE COMPANY/UNDERTAKING

Product code 500516
Product name OmniMax One Shot V

Company/Undertaking Identification

INVITROGEN CORPORATON
5791 VAN ALLEN WAY
PO BOX 6482
CARLSBAD, CA 92008
760-603-7200

INVITROGEN CORPORATION
2270 INDUSTRIAL STREET
BURLINGTON, ONT
CANADA L7P 1A1
800-263-6236

GIBCO PRODUCTS
INVITROGEN CORPORATION
3175 STALEY ROAD P.O. BOX 68
GRAND ISLAND, NY 14072
716-774-6700

2. COMPOSITION/INFORMATION ON INGREDIENTS

Hazardous/Non-hazardous Components

Chemical Name	CAS-No	Weight %
dimethylsulfoxide	67-68-5	7-13

The product contains no substances which at their given concentration, are considered to be hazardous to health

3. HAZARDS IDENTIFICATION

Emergency Overview
Components of the product may be absorbed into the body through the skin

Form
Liquid

3. HAZARDS IDENTIFICATION

Principle Routes of Exposure/ Potential Health effects

Eyes	Mild eye irritation.
Skin	moderate skin irritation. Components of the product may be absorbed into the body through the skin.
Inhalation	No information available
Ingestion	May be harmful if swallowed.

Specific effects

Carcinogenic effects	No information available
Mutagenic effects	No information available
Reproductive toxicity	No information available
Sensitization	No information available

Target Organ Effects No information available

HMIS

Health	1
Flammability	0
Reactivity	0

4. FIRST AID MEASURES

Skin contact	Wash off immediately with plenty of water
Eye contact	Rinse thoroughly with plenty of water, also under the eyelids.
Ingestion	Never give anything by mouth to an unconscious person
Inhalation	Move to fresh air
Notes to physician	Treat symptomatically.

5. FIRE-FIGHTING MEASURES

Suitable extinguishing media	Dry chemical
Special protective equipment for firefighters	Wear self-contained breathing apparatus and protective suit

6. ACCIDENTAL RELEASE MEASURES

Personal precautions	Use personal protective equipment
Methods for cleaning up	Soak up with inert absorbent material.

7. HANDLING AND STORAGE

Handling	No special handling advice required
Storage	Keep in properly labelled containers

8. EXPOSURE CONTROLS / PERSONAL PROTECTION

Occupational exposure controls

Exposure limits

Chemical Name	OSHA PEL (TWA)	OSHA PEL (Ceiling)	ACGIH OEL (TWA)	ACGIH OEL (STEL)
dimethylsulfoxide	-	-	-	-

Engineering measures Ensure adequate ventilation, especially in confined areas

Personal protective equipment

Respiratory protection	In case of insufficient ventilation wear suitable respiratory equipment
Hand protection	Impervious butyl rubber gloves. Nitrile gloves are not recommended. Some brands of Nitrile gloves have breakthrough times of five minutes.. Nitrile gloves are not recomended. Some brands of Nitrile gloves have breakthrough times of five minutes.
Eye protection	Safety glasses with side-shields
Skin and body protection	Lightweight protective clothing.
Hygiene measures	Handle in accordance with good industrial hygiene and safety practice
Environmental exposure controls	Prevent product from entering drains.

9. PHYSICAL AND CHEMICAL PROPERTIES

General Information

Form Liquid

Important Health Safety and Environmental Information

Boiling point/range	**°C** No data available	**°F** No data available
Melting point/range	**°C** No data available	**°F** No data available
Flash point	**°C** No data available	**°F** No data available
Autoignition temperature	**°C** No data available	**°F** No data available
Oxidizing properties	No information available	
Water solubility	soluble	

10. STABILITY AND REACTIVITY

Stability	Stable.
Materials to avoid	No information available
Hazardous decomposition products	No information available
Polymerization	Hazardous polymerisation does not occur.

11. TOXICOLOGICAL INFORMATION

Acute toxicity

Chemical Name	LD50 (oral,rat/mouse)	LD50 (dermal,rat/rabbit)	LC50 (inhalation,rat/mouse)
dimethylsulfoxide	14500 mg/kg (Rat)	No data available	No data available

Principle Routes of Exposure/ Potential Health effects

Eyes	Mild eye irritation.
Skin	moderate skin irritation. Components of the product may be absorbed into the body through the skin.
Inhalation	No information available
Ingestion	May be harmful if swallowed.

Specific effects

Carcinogenic effects	No information available
Mutagenic effects	No information available
Reproductive toxicity	No information available

Sensitization No information available

Target Organ Effects No information available

12. ECOLOGICAL INFORMATION

Ecotoxicity effects No information available.
Mobility No information available.
Biodegradation Inherently biodegradable.
Bioaccumulation Does not bioaccumulate.

13. DISPOSAL CONSIDERATIONS

Dispose of in accordance with local regulations

14. TRANSPORT INFORMATION

IATA

Proper shipping name Not classified as dangerous in the meaning of transport regulations
Hazard Class No information available
Subsidiary Class No information available
Packing group No information available
UN-No No information available

15. REGULATORY INFORMATION

International Inventories

Chemical Name	TSCA	PICCS	ENCS	DSL	NDSL	AICS
dimethylsulfoxide	Listed	Listed	Listed	Listed	-	Listed

U.S. Federal Regulations

SARA 313
This product is not regulated by SARA.

Clean Air Act, Section 112 Hazardous Air Pollutants (HAPs) (see 40 CFR 61)
This product does not contains HAPs.

U.S. State Regulations

Chemical Name	Massachusetts - RTK	New Jersey - RTK	Pennsylvania - RTK	Illinois - RTK	Rhode Island - RTK
dimethylsulfoxide	-	-	-	-	-

California Proposition 65
This product does not contain chemicals listed under Proposition 65

WHMIS hazard class:
D2B Toxic materials
B3 Combustible liquid

This product has been classified according to the hazard criteria of the CPR and the MSDS contains all of the information required by the CPR

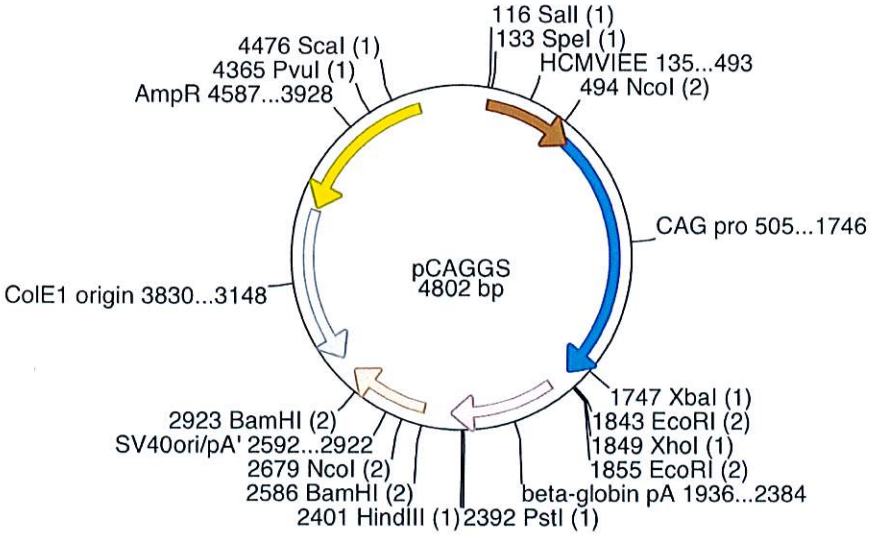
16. OTHER INFORMATION

This material is sold for research and development purposes only. It is not for any human or animal therapeutic or clinical diagnostic use. It is not intended for food, drug, household, agricultural, or cosmetic use. An individual technically qualified to handle potentially hazardous chemicals must supervise the use of this material.

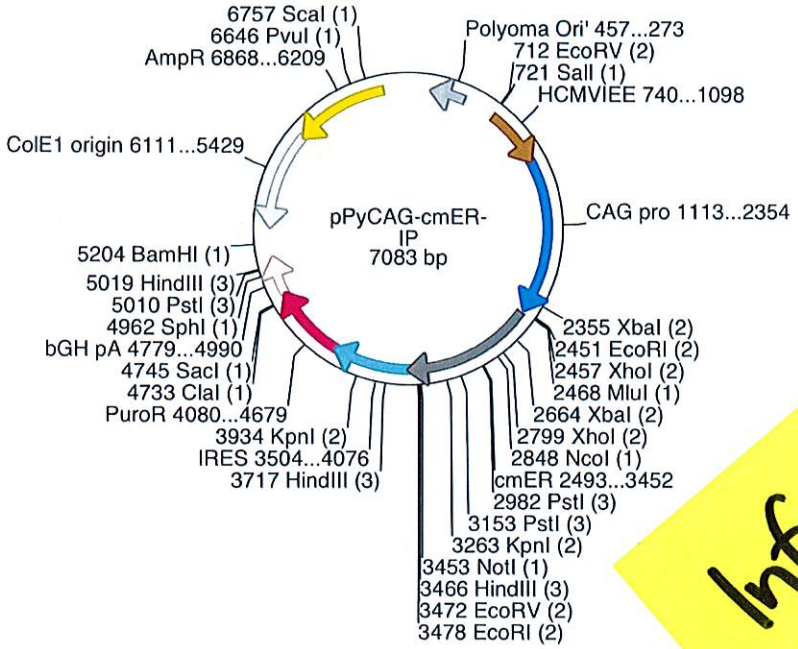
The above information was acquired by diligent search and/or investigation and the recommendations are based on prudent application of professional judgment. The information shall not be taken as being all inclusive and is to be used only as a guide. All materials and mixtures may be present unknown hazards and should be used with caution. Since Invitrogen Corporation cannot control the actual methods, volumes, or conditions of use, the Company shall not be held liable for any damages or losses resulting from the handling or from contact with the product as described herein. THE INFORMATION IN THIS MSDS DOES NOT CONSTITUTE A WARRANTY, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTCULAR PURPOSE.

End of Safety Data Sheet

pCAGGS

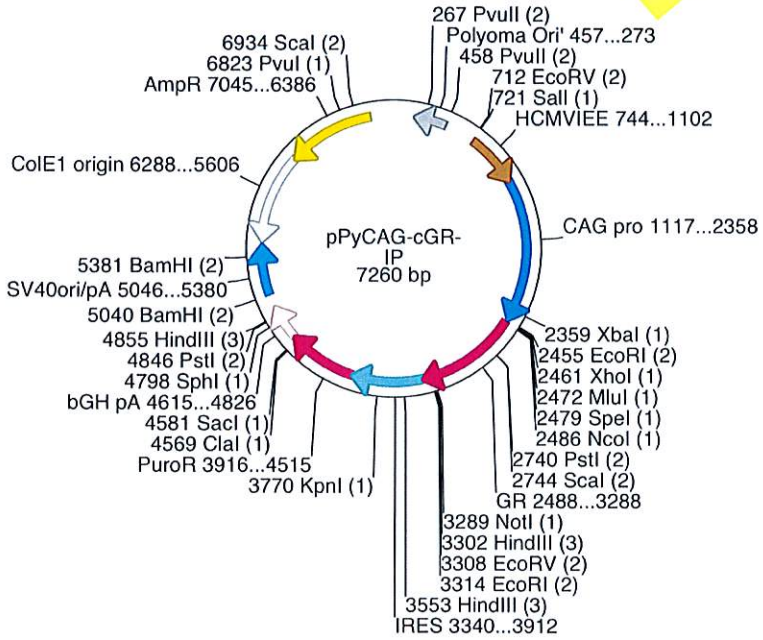


pCAGGS-ERT2

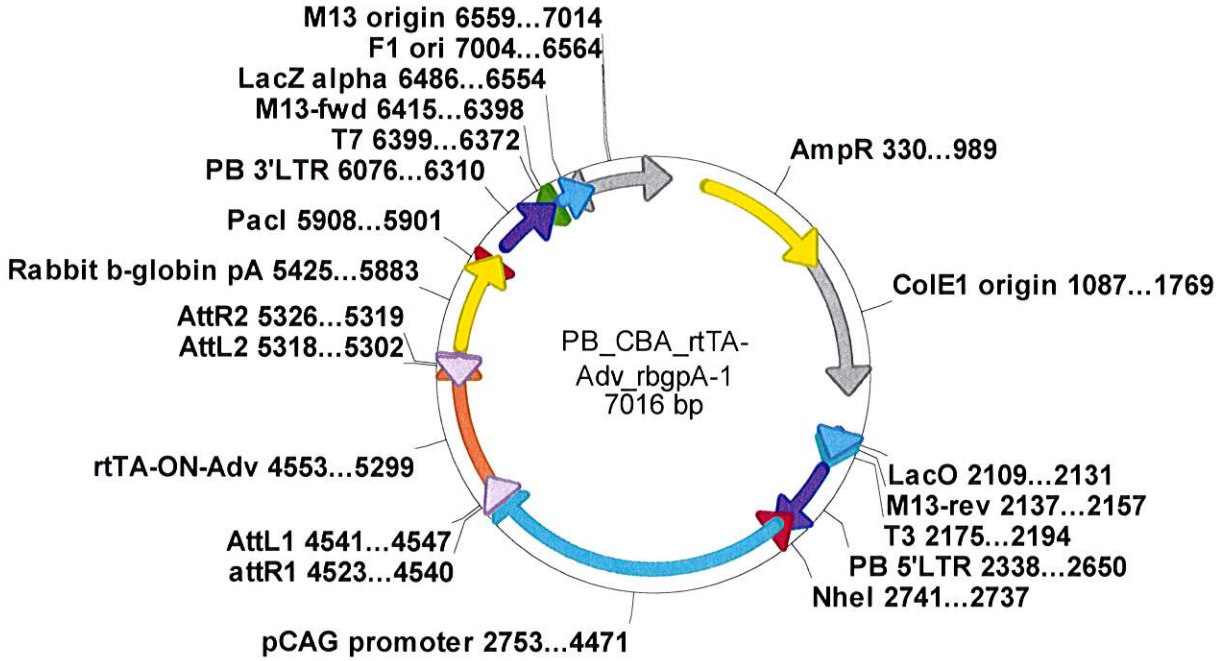


Info on Plasmid(s)

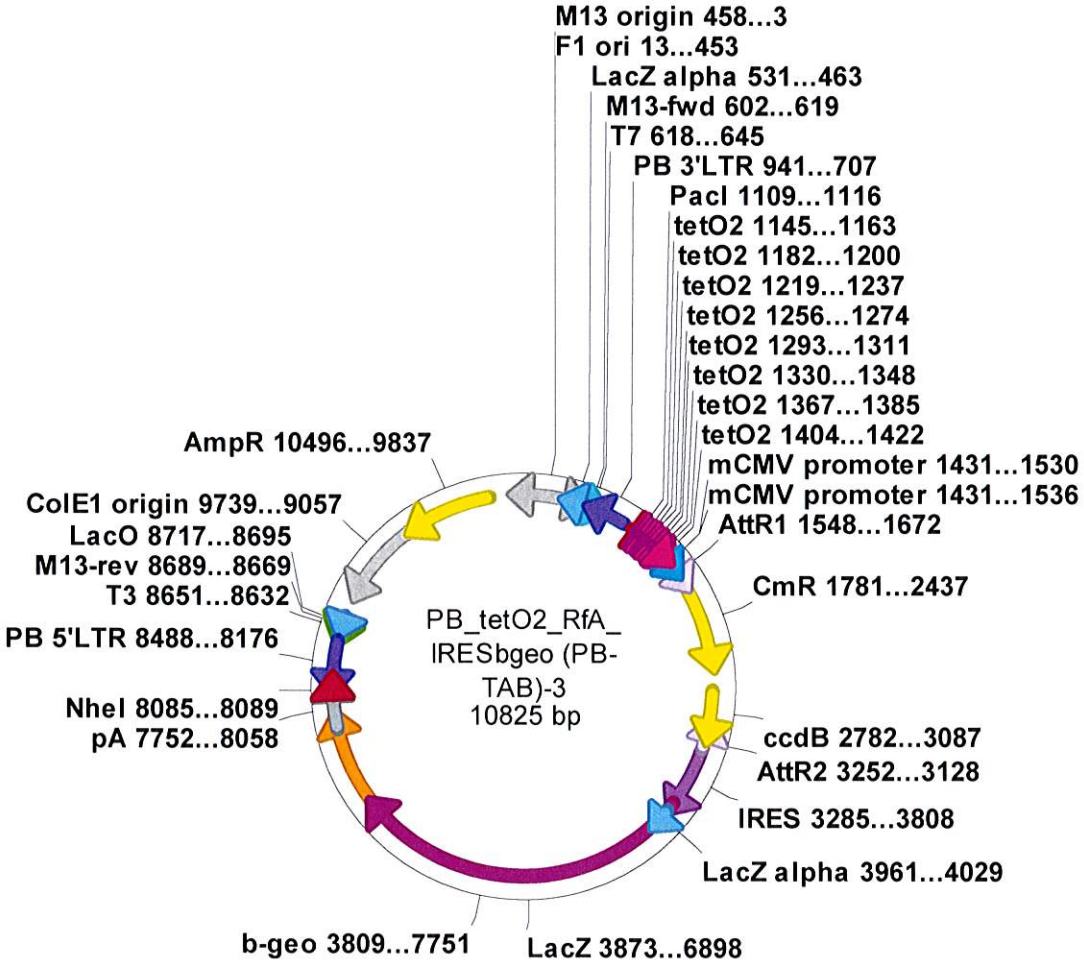
pCAGGS-GRLBD



piggyBac Transposase plasmids: 1) rtTA vector



piggyBac Transposase plasmids: 2) TetO expression vector



piggyBac Transposase plasmids: 3) transposase vector

Name of plasmid: pSHZo V3 Date: Nov. 3, 2005

Bacteria stock location: ______ Plasmid DNA location: ______

Constructed by: Chengyi Liu Vector: N22-CAG-puro

Antibiotic resistance: Amp Bacterial strain: DH5α

Plasmid description: ↳ Amplify fragment with primer #1358 & #1359 from pBluescript-KI0
↳ cut the amplified PCR product with BamHI – NotI
↳ cut the N22-CAG-puro vector with BamHI – NotI and remove the backbone.
↳ Ligate

Special comments: N22-CAG-Puro-ataib-pBAC-KI0 (transposase)