

**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>Dr. Frank Beier</b>
DEPARTMENT:	<b>Physiology and Pharmacology</b>
ADDRESS:	<b>Dental Sciences Bldg 0033</b>
PHONE NUMBER:	<b>519-661-2111 X 83387</b>
EMERGENCY PHONE NUMBER(S):	<b>519-474-1552</b>
EMAIL:	<b>fbeier@uwo.ca</b>

Location of experimental work to be carried out :

Building :	<b>Dental Sciences Building</b>	Room(s):	<b>0033</b>
Building :	<b>Dental Sciences Building</b>	Room(s):	<b>0029</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: **CIHR**

GRANT TITLE(S): **Rac1 function in endochondral ossification**  
**Transforming growth factor alpha/EGFR signaling in osteoarthritis**  
**Glucocorticoid receptor and RORalpha in cartilage development and osteoarthritis**

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>Ryan Gillespie</b>	<b>Ryan.Gillespie@schulich.uwo.ca</b>	<b>Sept.2003</b>
<b>Shirine Usmani</b>	<b>susmani@uwo.ca</b>	<b>Jul. 2006</b>
<b>Lauren Solomon</b>	<b>lsolomo2@uwo.ca</b>	<b>Sept. 2007</b>
<b>Dawn Bryce</b>	<b>dmbryce@uwo.ca</b>	<b>Aug.8, 2008</b>

Holly Dupuis	hkippp@uwo.ca	Apr.1, 2003
Jason Bush	jbush4@uwo.ca	Feb. 2011
Laura Aubrey	laubrey@uwo.ca	May 11, 2011
Anusha Ratneswaran	ratnesw@uwo.ca	Sept.21, 2011
Paxton Moon	pmoon4@uwo.ca	May 11, 2011
Sara Ohora	sohora@uwo.ca	Sept.19, 2011
Mike Pest	mpest@uwo.ca	Nov.13, 2009
Man-Ger Sun	msun33@uwo.ca	May 2011
GuoYan Wang	gwang5@uwo.ca	pre Apr 2003

**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.**

**Microorganisms: Bacteria for amplification of plasmids. Stored in glycerol at -80C.**

**Adenovirus is used for transduction of cre recombinase-green fluorescent protein or green fluorescent protein alone (negative control) into primary murine chondrocyte cells. A dedicated Class II biosafety cabinet is used for adenovirus work. Glycerol stocks are stored at -80C. Media exposed to microorganisms is disinfected using sodium hypochlorite (bleach). Plasticware is autoclaved.**

**Mammalian Cells: Established cell lines and primary mouse cells are used in a Class II biosafety cabinet. Cells are harvested for RNA or protein, or stained for markers of chondrocyte/bone development. Media is disinfected using sodium hypochlorite, and plasticware autoclaved. Established cell lines are stored in glycerol at -80C.**

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

**We are interested in the processes controlling skeletal development, homeostasis and pathology (e.g. osteoarthritis). To study these processes, we are using wild type and genetically modified mice, as well as cells and tissues isolated from these mice. Genetically modified mice include KO lines for TGFalpha, Espondin, Dusp1, conditional mutants for Rac1, ATRX, GSK3B, Glucocorticoid Receptor, PPARdelta, Mig6 and CTCF and transgenic mice expressing Cre recombinase in cartilage, bone, limb or universally. Primary cells from the mice in cell culture will be infected with adenoviral vectors to modify gene expression. In parallel, we are using selected mammalian cell lines to study the physiology of skeletal cells.**

## 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>Replication Defective Adenovirus Type 5</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>0.4 (during preparation of crude stocks)</b>	<b>Vector Biolabs</b>	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
<i>E.coli DH5alpha</i>	<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	<b>0.5</b>	<b>ATCC</b>	<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
	<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: <http://image.vectorbiolabs.com/graphics/vbs/pdf/MSDS-ADV.pdf>

## 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 checked="" type="checkbox"/> No		Not applicable
Rodent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>embryonic mouse chondrocytes</b>	<b>2007-045</b>
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	<b>HEK293</b>	<b>2</b>	<b>ATCC</b>
Rodent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>ATDC5, MC3T3, NIH3T3, RAW264.7</b>	<b>1,1,1,2</b>	<b>RIKEN cell bank (ATDC5), ATCC</b>
Non-human primate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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: [http://www2.brc.riken.jp/lab/cell/detail.cgi?cell\\_no=RCB0565&type=1](http://www2.brc.riken.jp/lab/cell/detail.cgi?cell_no=RCB0565&type=1)  
[http://www.atcc.org/Portals/1/Pdf/msds\\_animal.pdf](http://www.atcc.org/Portals/1/Pdf/msds_animal.pdf)

## 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
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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?
<b>Ecoli DH5alpha</b>	<b>pRFP-C-RS</b>	<b>OriGene</b>	<b>shRNA</b>	<b>NO</b>	<b>NO</b>	<b>NONE</b>
	<b>pCMV6</b>	<b>OriGene</b>	<b>CTCF</b>	<b>NO</b>	<b>NO</b>	<b>NONE</b>
			<b>none</b>	<b>NO</b>	<b>NO</b>	<b>NONE</b>
			<b>Nr1h2</b>	<b>NO</b>	<b>NO</b>	<b>NONE</b>
			<b>Nr1h3</b>	<b>NO</b>	<b>NO</b>	<b>NONE</b>

\* *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
<b>Adenovirus Type 5 (dE1/dE3)</b> <a href="http://image.vectorbiolabs.com/graphics/vbs/pdf/MSDS-ADV.pdf">http://image.vectorbiolabs.com/graphics/vbs/pdf/MSDS-ADV.pdf</a>	<b>Ad-Cre-GFP</b>	<b>Vector Biolabs</b>	<b>Cre recombinase-green fluorescent protein or GFP alone</b>	<b>Deletion of gene of interest from mammalian cells, GFP tagged cells</b>

\* *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?

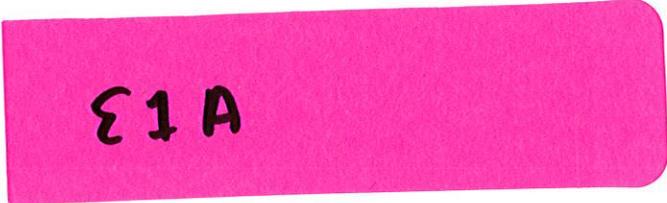
- ◆ HIV  NO  YES, specify
- ◆ HTLV 1 or 2 or genes from any Level 1 or Level 2 pathogens  NO  YES, specify
- ◆ SV 40 Large T antigen  NO  YES

- ◆ 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: [http://www.origene.com/mouse\\_rna/TF500456.aspx](http://www.origene.com/mouse_rna/TF500456.aspx)  
[http://www.origene.com/destination\\_vector/PS100001.aspx](http://www.origene.com/destination_vector/PS100001.aspx)  
[http://www.origene.com/mouse\\_orf\\_clone/NM\\_009473/MR207128/Nr1h2.aspx](http://www.origene.com/mouse_orf_clone/NM_009473/MR207128/Nr1h2.aspx)

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E1A

## 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 **mouse, rat**

7.3 AUS protocol # **2007-045, 2007-003**

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

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
- 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** Dr. Frank Beier **Date:** April 23, 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:  
 NO, please certify  
 NOT REQUIRED for Level 1 containment

inspection scheduled  
for May 1, 2012  
JL

14.3 Please indicate permit number (not applicable for first time applicants): **BIO-UWO-0085**

## 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:

**Contact: Immediately flush eyes and skin with plenty of water for at least 15 minutes. Call a physician.**

**Inhalation: N/A**

**Ingestion: Wash out mouth with water. Call a physician**

**NB. Needles are NOT used with any of the biological agents listed.**

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** Dr. Frank Beier **Date:** April 23, 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:



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 20<sup>th</sup>, 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 considered 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
- XL0LR
- 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

**VECTOR BIOLABS**  
THE ADENOVIRUS COMPANY

**MATERIAL SAFETY DATA SHEET**

EMERGENCY TELEPHONES: 1- 877-Biolabs 1-215-966-6045

<http://www.vectorbiolabs.com>

**MATERIAL SAFETY DATA SHEET - INFECTIOUS SUBSTANCES**

***SECTION I - INFECTIOUS AGENT***

**PRODUCT IDENTIFICATION:**

All pre-made adenovirus made by Vector BioLabs.

**BIOLOGICAL NAME: Adenovirus - Type 5**

**CHARACTERISTICS:** Adenoviridae; non-enveloped, icosahedral virions, 75-80 nm diameter, doubledstranded, linear DNA genome. The recombinant viruses are based on human adenoviral backbone which is deleted in the essential E1 gene as well as the E3 gene. The viruses produced are thus non-replicative.

***SECTION II - HEALTH HAZARD***

**PATHOGENICITY:** Varies in clinical manifestation and severity; symptoms include fever, rhinitis, pharyngitis, cough and conjunctivitis. The risk from infection by defective recombinant adenoviral vectors depends both on the dose of virus and on the nature of the transgene. Adenovirus does not integrate into the host cell genome but can produce a strong immune response.

**HOST RANGE:** Humans and animals

**INCUBATION PERIOD:** from 1-10 days

**MODE OF TRANSMISSION:** In the laboratory, care must be taken to avoid spread of infectious material by aerosol, direct contact or accidental injection

**CHEMICAL LISTED AS CARCINOGEN OR POTENTIAL CARCINOGEN:** None

***SECTION III - VIABILITY***

**DRUG SUSCEPTIBILITY:** No specific antiviral available

**SUSCEPTIBILITY TO DISINFECTANTS:** Susceptible to 1% sodium hypochlorite, 2% glutaraldehyde. Recommend use of 1/3 volume of bleach for 30 minutes.

**PHYSICAL INACTIVATION:** Sensitive to heat; 1 hour at 56°C is used to inactivate virus.

**SURVIVAL OUTSIDE HOST:** Adenovirus type 5 survived from 3-8 weeks on environmental surfaces at room temperature.

***SECTION IV - MEDICAL***

**SURVEILLANCE:** Monitor for symptoms; confirm by serological analysis

**FIRST AID/TREATMENT:**

Contact: Immediately flush eyes and skin with plenty of water for at least 15 minutes. Call a physician.

Inhalation: N/A

Ingestion: Wash out mouth with water. Call a physician

Accidental injection: wash area with soap and water. Call a physician.

### ***SECTION V – ACCIDENTAL RELEASE PROCEDURES***

Pour 1 volume of Javel water over the leak(s) and wait for 15 minutes.

Wipe up carefully.

Hold for autoclave waste disposal and decontaminate work surfaces with 70% alcohol.

### ***SECTION VI - RECOMMENDED PRECAUTIONS***

**CONTAINMENT REQUIREMENTS:** Biosafety level 2 practices and containment facilities for all activities involving the virus and potentially infectious body fluids or tissues. This level consists of etiological agents considered to be of ordinary potential harm.

**PROTECTIVE CLOTHING:** Recombinants Adenovirus: Laboratory coat; gloves.

#### **OTHER PRECAUTIONS:**

Access to the laboratory is limited.

Work surfaces are decontaminated before and after each procedure

Mechanical pipetting devices are used for all procedures; mouth pipetting is prohibited.

Eating, drinking, and smoking are not permitted in the laboratory; food is not stored in laboratory areas.

Laboratory coats are worn in and are removed before leaving the laboratory.

Hands are washed before and after handling virus.

### ***SECTION VII - HANDLING INFORMATION***

**DISPOSAL:** Decontaminate all wastes before disposal; steam sterilization

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

### ***SECTION VIII - MISCELLANEOUS INFORMATION***

The above information and recommendations are believed to be accurate and represent the most complete information currently available to us. All materials and components may present unknown hazards and should be used with caution. Vector BioLabs, Inc assumes no liability resulting from use of the above products.

*Date of revision: May 24, 2004*



# 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 a low as possible.

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

### SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

Data Not Available

### SECTION 10 - STABILITY AND REACTIVITY

Hazardous polymerization will not occur.

### SECTION 11 - TOXICOLOGICAL INFORMATION

#### Route of Exposure

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



## 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.



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## Product Description

Before submitting an order you will be asked to read and accept the terms and conditions of ATCC's [Material Transfer Agreement](#) (NEW) or, in certain cases, an MTA specified by the depositing institution.

Customers in Europe, Australia, Canada, China, Hong Kong, India, Israel, Japan, Korea, Macau, Mexico, New Zealand, Singapore, and Taiwan, R.O.C. must contact a [local distributor](#) for pricing information and to place an order for ATCC cultures and products

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## Cell Biology

ATCC® Number:

CRL-1573™

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Price:

**\$431.00 (for-profit list 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 & Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

*Homo sapiens*

Morphology:

epithelial



Source:

Organ: embryonic kidney

Permits/Forms:

In addition to the MTA mentioned above, other ATCC and/or regulatory permits may be required for the transfer of this ATCC material. Anyone purchasing ATCC material is ultimately responsible for obtaining the permits. Please [click here](#) for information regarding the specific requirements for shipment to your location.

Restrictions:

Applications:

These cells are distributed for research purposes only. 293 cells, their products and their derivatives may not be distributed to third parties.  
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  
WWA: 16,19



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<b>RCB0565 : ATDC5</b>	
<b>Comment</b>	Differentiate to chondrocytes, unidentifiable pigment cells. Teratocarcinoma AT805 derived.
<b>Animal</b>	mouse, 129
<b>Sex</b>	Male
<b>Age</b>	embryo
<b>Tissue</b>	embryo
<b>Morphology</b>	epithelial-like
<b>Anchored</b>	Yes
<b>Medium</b>	(DMEM:HamF 12=1:1)+5%FBS
<b>Antibiotics</b>	Free
<b>Growth temp</b>	37°C
<b>CO<sub>2</sub> concentration</b>	5%
<b>Passage method</b>	0.25% trypsin
<b>Split ratio</b>	1:8 split
<b>Subculture frequency</b>	SC or MC : once/2-3days
<b>Cloned</b>	Yes
<b>Lifespan</b>	infinite
<b>Mycoplasma</b>	-
<b>Isozyme analysis</b>	LD, NP
<b>Originator</b>	Atsumi, Tadao
<b>Depositor</b>	Atsumi, Tadao
<b>Restriction</b>	Basically, there is no restriction regarding academic use. <span style="float: right;">a</span>
<b>Reference</b>	<a href="#">1688 2605</a>
<b>User's Publication</b>	<a href="#">2272 2487 2488 2874 2899 2900 2926 3120 3158 3194 3330 3584</a>

Regarding MTA between user institutions and RIKEN BRC, there are two kinds of MTA, Category I and II, depending on the sort of user institutions and the purposes of use. Please use an appropriate MTA(to see). In case of Restriction "a" or "f", please contact RIKEN BRC([cellbank@brc.riken.jp](mailto:cellbank@brc.riken.jp)) regarding any kind of for-profit use.

## Cell Biology

ATCC® Number:

CRL-2593™

[Order this Item](#)

Price:

\$431.00 (for-profit list price)

\$359.17 (non-profit list price)

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

Designations: MC3T3-E1 Subclone 4

Depositors: RT Franceschi

Biosafety Level: 1

Shipped: frozen

Medium & Serum: [See Propagation](#)

Growth Properties: adherent

Organism: *Mus musculus*

Morphology: fibroblast

**Organ:** bone**Strain:** C57BL/6**Tissue:** calvaria**Cell Type:** preosteoblast;

Source:

Cellular Products: collagen [[51540](#)]

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.

These cell lines are good models for studying in vitro osteoblast differentiation, particularly ECM signaling. They have behavior similar to primary calvarial osteoblasts.

Applications:

The MC3T3-E1 Subclone 4 (ATCC [CRL-2593](#)) and the MC3T3 Subclone 14 (ATCC [CRL-2594](#)) lines exhibit high levels of osteoblast differentiation after growth in ascorbic acid and 3 to 4 mM inorganic phosphate.

Tumorigenic:

Yes

Age:

newborn

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A series of subclones were isolated from the cloned but phenotypically heterogeneous MC3T3-E1 cell line. The subclones were selected for high or low osteoblast differentiation and mineralization after growth in medium containing ascorbic acid. The MC3T3-E1 Subclone 4 (ATCC [CRL-2593](#)) and the MC3T3 Subclone 14 (ATCC [CRL-2594](#)) lines exhibit high levels of osteoblast differentiation after growth in ascorbic acid and 3 to 4 mM inorganic phosphate. They form a well mineralized extracellular



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## Cell Biology

ATCC® Number:

CRL-1658™

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Price:

**\$431.00 (for-profit list price)**  
**\$359.17 (non-profit list price)**  
**[Log In with customer # to see your price](#)**

[See New Benefits of ATCC Culture](#)

Designations:

NIH/3T3

Biosafety Level:

1

Shipped:

frozen

Medium & Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

*Mus musculus*

Morphology:

fibroblast



Source:

**Organ:** embryo  
**Strain:** NIH/Swiss  
**Cell Type:** fibroblast

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

Virus Susceptibility:

Murine leukemia virus

Age:

embryo

Comments:

The NIH/3T3 is highly sensitive to sarcoma virus focus formation and leukemia virus propagation and has proven to be very useful in DNA transfection studies [PubMed ID: 222457].  
Tested and found negative for ectromelia virus (mousepox).

Propagation:

**ATCC complete growth medium:** The base medium for this cell line is ATCC-formulated Dulbecco's Modified Eagle's Medium, Catalog No. 30-2002. To make the complete growth medium, add the following components to the base medium: bovine calf serum to a final concentration of 10%.

**Atmosphere:** air, 95%; carbon dioxide (CO<sub>2</sub>), 5%

**Temperature:** 37.0°C

**Growth Conditions:** The serum used is important in culturing this line. Calf serum is recommended and not fetal bovine serum. The calf serum

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Customers in Europe, Australia, Canada, China, Hong Kong, India, Israel, Japan, Korea, Macau, Mexico, New Zealand, Singapore, and Taiwan, R.O.C. must contact a [local distributor](#) for pricing information and to place an order for ATCC cultures and products.

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## Cell Biology

**ATCC® Number:**

TIB-71™

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**Price:**

\$431.00 (for-profit list price)  
 \$359.17 (non-profit list price)  
[Log In](#) with customer # to see your price

[See New Benefits of ATCC Culture](#)
**Designations:**

RAW 264.7

**Depositors:**

WC Raschke

**Biosafety Level:**

2

**Shipped:**

frozen

**Medium & Serum:**
[See Propagation](#)
**Growth Properties:**

adherent

**Organism:**
*Mus musculus*
**Morphology:**

monocyte/macrophage

**Source:**
**Strain:** BALB/c

**Tissue:** ascites

**Disease:** Abelson murine leukemia virus-induced tumor

**Cell Type:** macrophage; Abelson murine leukemia virus transformed

**Cellular Products:**

lysozyme

**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.

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## PRODUCTS

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## ABOUT

HuSH-29: Pre-designed shRNA

Exact-shRNA: Custom shRNA

Trilencer-27: Pre-designed siRNA

shRNA Vector Information

shRNA Controls

shRNA Validation Vector

MicroRNA Plasmid

qPCR MicroRNA Detection Assays

## Ctf (Gene ID 13018) Mouse shRNA

Specifications		Related Products	Product Manual	FAQs	
Catalog No	Description	Vector	Price	Shipping	
TF500456	Ctf - Mouse, 4 unique 29mer shRNA constructs in retroviral RFP vector (Gene ID = 13018). 5µg purified plasmid DNA per construct	<a href="#">pRFP-C-RS</a>	\$ 650	7-9 Days *	
TR30014	HuSH shRNA RFP cloning vector (pRFP-C-RS)			Included for free	
TR30015	Non-effective 29-mer scrambled shRNA cassette in pRFP-C-RS Vector			Included for free	

## OriGene shRNA in recent publications

CBX4-mediated SUMO modification regulates BMI1 recruitment at sites of DNA damage Nucleic Acids Res., Mar 2012; 10.1093/nar/gks222. [CBX4]

Downregulation of SMG-1 in HPV-Positive Head and Neck Squamous Cell Carcinoma Due to Promoter Hypermethylation Correlates with Improved Survival Clin. Cancer Res., Mar 2012; 18: 1257 - 1267. [SMG1]

Downregulation of SMG-1 in HPV-Positive Head and Neck Squamous Cell Carcinoma Due to Promoter Hypermethylation Correlates with Improved Survival Clin. Cancer Res., Mar 2012; 18: 1257 - 1267. [TP53]

Haploinsufficiency of COQ4 causes coenzyme Q10 deficiency J. Med. Genet., Mar 2012; 49: 187 - 191. [COQ4]

## Also for Ctf (Locus ID 13018)

[cDNA Clone](#)[qPCR Master Mix](#)[Primer Pair](#)[siRNA](#)[Antibody Service](#)


## Reference Data

RefSeq: [BC046398](#) [BC049131](#) [BC058240](#) [NM\\_007794](#) [NM\\_181322](#)

Synonyms:

Summary:

## shRNA Design:

These shRNA constructs were designed against multiple splice variants at this gene locus. To be certain that your variant of interest is targeted, align it with our published shRNA design sequences. If these do not align, please utilize our [custom shRNA service](#).

## Performance Guaranteed:

OriGene guarantees that the sequences in the shRNA expression cassettes are verified to correspond to the target gene with 100% identity. One of the four constructs at minimum are guaranteed to produce 70% or more gene expression knock-down provided a minimum transfection efficiency of 80% is achieved. Western Blot data is recommended over qPCR to evaluate the silencing effect of the shRNA constructs 72 hrs post transfection. To properly assess knockdown, the gene expression level from the included scramble control vector must be used in comparison with the target-specific shRNA transfected samples.

For non-conforming shRNA, requests for replacement product must be made within ninety (90) days from the date of delivery of the shRNA kit. To arrange for a free replacement with newly designed constructs, please contact Technical Services at [techsupport@origene.com](mailto:techsupport@origene.com). Please provide your data indicating the transfection efficiency and measurement of gene expression knockdown compared to the scrambled shRNA control (Western Blot data preferred).

\* Delivery time in business days.

TrueORF cDNA Clones
<b>Destination Vector</b>
Over-expression Lysate
TrueClone Human Collection
TrueClone Mouse Collection
Organelle Marker
MicroRNA
Gene Synthesis Service
Plasmid Purification Kits
Transfection Reagents

## pCMV6-Entry (C-terminal Myc and DDK Tagged)

Specifications	Custom Cloning	Product Manual	FAQs
Catalog No: PS100001	Description: pCMV6-Entry (C-terminal Myc and DDK Tagged)	Price: \$350	Shipping: Next day

[<< Back to Destination Vector List](#) [Add to Shopping Cart](#)

**Features:**

- ORFs cloned in this vector will be expressed in mammalian cells as a tagged protein with the C-terminal Myc-DDK tags. (DDK is the same as FLAG® which is a registered trademark of Sigma Aldrich).
- Such clones are the best for detection and purification of the transgene using [anti-Myc](#) or [anti-DDK antibodies](#).
- Serve as the entry vector in the [PrecisionShuttle](#) system to transfer the ORF sequence into [any destination vectors](#) for other tagging options or other expression platforms.

**Webinar on TrueORF**



**Related Products**

[Anti-tag antibodies](#)

**Over 1000 citations of OriGene cDNA clones**

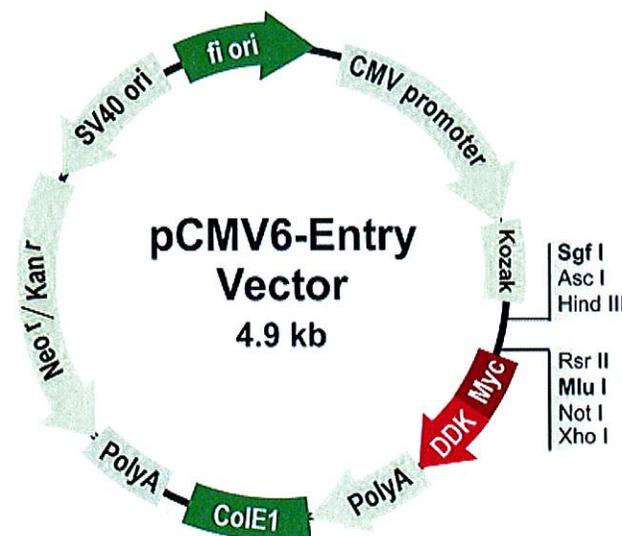
A Decrease in DKK1, a WNT Inhibitor, Contributes to Placental Lipid Accumulation in an Obesity-Prone Rat Model *Biol Reprod*, Mar 2012; 86: 81. [DKK1]

An RNA Interference Screen Identifies the Deubiquitinase STAMBPL1 as a Critical Regulator of Human T-Cell Leukemia Virus Type 1 Tax Nuclear Export and NF- $\kappa$ B Activation *J. Virol.*, Mar 2012; 86: 3357 - 3369. [STAMBPL1]

Cellular Transcription Factors Induced in Trigeminal Ganglia during Dexamethasone-Induced Reactivation from Latency Stimulate Bovine Herpesvirus 1 Productive Infection and Certain Viral Promoters *J. Virol.*, Mar 2012; 86: 2459 - 2473. [SPDEF]

DJ-1 promotes invasion and metastasis of pancreatic cancer cells by activating SRC/ERK/JuPA *Carcinogenesis*, Mar 2012; 33: 555 - 562. [PARK7]

[View All Citations >>](#)



Schematic of the multiple cloning sites:

**pCMV6-Entry**

**Kozac Consensus**

*EcoR I* *BamH I* *Kpn I* **RBS** *Sgf I* *Asc I* *Bgl II*

CTATAGGGCGGCCGGAATTCGTCGACTGGATCCGGTACCGAGGAGATCTGCCCGCGATCGCCGGCGCCAGATCT

*Hind III* *Nhe I* *Rsr II* *Mlu I* *Not I* *Xho I* **Myc.Tag**

CAAGCTTAACTAGCTAGCGGACCG ACG CGT ACG CGG CCG CTC GAG CAG AAA CTC ATC TCA GAA GAG  
T R T R P L E Q K L I S E E

*EcoR V* **DDK.Tag** *Pme I* *Fse I*

GAT CTG GCA GCA AAT GAT ATC CTG GAT TAC AAG GAT GAC GAC GAT AAG GTT TAA ACGGCCGGCC  
D L A A N D I L D Y K D D D D K V Stop

[Download](#) full vector sequence

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## Nr1h2 (NM\_009473) Mouse cDNA ORF Clone

Specifications	Related Products	Product Manual	FAQs
Cat No	Description	Amount	Price Shipping
MR207128	Myc-DDK-tagged ORF clone of Mus musculus nuclear receptor subfamily 1, group H, member 2 (Nr1h2) as transfection-ready DNA	10 ug	\$540 Next day 

### Also for Nr1h2 (NM\_009473)

[cDNA Clone](#)    [shRNA/siRNA](#)    [Primer Pair](#)    [Protein Request](#)    [Antibody Service](#)

### OriGene TrueORF Data

**Vector:** [pCMV6-Entry](#) [Change vector?](#)    **Tag:** [C-terminal Myc-DDK](#)  
**Sequence Data:** [ORF Nucleotide Sequence](#)    **ORF Size:** 1340 bp  
**Predicted Protein MW:** kDa

**Restriction Sites:** [SgfI-MluI](#) [Cloning Scheme for this gene](#) 

**OTI Annotation:** This clone was engineered to express the complete ORF with an expression tag.

**OTI Disclaimer:** The molecular sequence of this clone aligns with the gene accession number as a point of reference only. However, individual transcript sequences of the same gene can differ through naturally occurring variations (e.g. polymorphisms), each with its own valid existence. This clone is substantially in agreement with the reference, but a complete review of all prevailing variants is recommended prior to use. [?More info](#)

**Product Components:** The ORF clone is ion-exchange column purified, transfection-ready dried plasmid DNA, and shipped with 2 vector sequencing primers.

\* The lysates used for this WB picture contain the overexpressed empty vector or the Myc-DDK tagged ORF clone.

### Reference Data

**RefSeq:** [NM\\_009473.2](#), [NP\\_033499](#)    **RefSeq Size:** 1991    **RefSeq ORF:** 1340  
**Synonyms:** AI194859; LXR; LXRbeta; LXRbeta; NER1; OR-1; RIP15; Uhr; Unr2; UR  
**LocusID:** 22260    **Cytogenetic:**

**Summary:**

### Webinar on TrueORF



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### Over 1000 citations of OriGene cDNA clones

**A Decrease in DKK1, a WNT Inhibitor, Contributes to Placental Lipid Accumulation in an Obesity-Prone Rat Model** Biol Reprod, Mar 2012; 86: 81. [DKK1]

**An RNA Interference Screen Identifies the Deubiquitinase STAMBPL1 as a Critical Regulator of Human T-Cell Leukemia Virus Type 1 Tax Nuclear Export and NF-B Activation** J. Virol., Mar 2012; 86: 3357 - 3369. [STAMBPL1]

**Cellular Transcription Factors Induced in Trigeminal Ganglia during Dexamethasone-Induced Reactivation from Latency Stimulate Bovine Herpesvirus 1 Productive Infection and Certain Viral Promoters** J. Virol., Mar 2012; 86: 2459 - 2473. [SPDEF]

**DJ-1 promotes invasion and metastasis of pancreatic cancer cells by activating SRC/ERK/uPA** Carcinogenesis, Mar 2012; 33: 555 - 562. [PARK7]

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