

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:	CHANDAN CHAKRABORTY
DEPARTMENT:	PATHOLOGY
ADDRESS:	DSB 4044, WESTERN UNIVERSITY, LONDON, ON, N6A 5C1, CANADA.
PHONE NUMBER:	519-661-2111 X 88704
EMERGENCY PHONE NUMBER(S):	519-679-0155
EMAIL:	chandan.chakraborty@schulich.uwo.ca

Location of experimental work to be carried out :

Building :	<u>HSA</u>	Room(s):	<u>H403</u>
Building :	<u>HSA</u>	Room(s):	<u>H406</u>
Building :	<u>HSA</u>	Room(s):	<u>H408</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: Proposal applied for funding to CIHR

GRANT TITLE(S): Role of environmental heavy metals in placental function.

UNDERGRADUATE COURSE NAME(IF APPLICABLE): Path&Tox 4980E-Seminar & Research

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

Name	UWO E-mail Address	Date of Biosafety Training
<u>(No one is working at present)</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.**

Placenta, during healthy pregnancy in a woman is highly invasive. This invasiveness is necessary for the establishment and maintenance of implantation site of the embryo and subsequent penetration of the uterus and its blood vessels in order to establish successful maternal –fetal exchange. But this invasiveness is finely regulated by different chemical factors produced either by the uterus or by the placenta. While excessive invasion of placenta can lead to a type of cancer called choriocarcinoma, its reduced invasion is associated with poor growth of a baby while in mother’s womb during pregnancy i.e. intrauterine growth restriction (IUGR) and a pregnancy-induced hypertensive disorder called pre-eclampsia (PE) the root cause of which is also believed to be reduced placental invasion. IUGR is also common in pregnant mothers suffering from PE. Many risk factors in the mother including smoking, alcohol abuse, some environmental pollutants have been proposed to be responsible for the development of IUGR and PE. Epidemiological studies have demonstrated correlations between pregnant women’s blood and placental levels of some toxic metals like cadmium, arsenic, lead etc and the development of IUGR and PE. It is however not known how these toxic metals could contribute to these problems. In this proposal, we intend to study detailed mechanisms by which these metals can interfere with the invasion of placental cells. Furthermore, results of this study will potentially have therapeutic implication in IUGR and PE.

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:

N/A

Please attach the CFIA permit.

Please describe any CFIA permit conditions:

N/A

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 DH5 alpha</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	2 L	Life Technologies, Inc.	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
	<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

Additional Comments: N/A

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	Human Placenta	Not applicable
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2.3 Please indicate the type of established cells that will be grown in culture in:

Cell Type	Is this cell type used in your work?	Specific cell line(s)*	Containment Level of each cell line	Supplier / Source of cell line(s)
Human	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HTR8/SVneo, MDAMB231, MCF7, HS578T	Level 1	PK Lala (HTR8/SVneo), ATCC
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see www.atcc.org)*

2.4 For above named cell types(s) indicate PHAC or CFIA containment level required 1 2 2+ 3

Additional Comments: _____

3.0 Use of Human Source Materials

3.1 Does your work involve the use of human source materials? YES NO
 If no, please proceed to Section 4.0

3.2 Indicate in the table below the Human Source Material to be used.

Human Source Material	Source/Supplier /Company Name	Is Human Source Material Infected With An Infectious Agent? YES/UNKNOWN	Name of Infectious Agent (If applicable)	PHAC or CFIA Containment Level (Select one)
Human Blood (whole) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Blood (fraction) or other Body Fluid		<input type="checkbox"/> Yes <input type="checkbox"/> Unknown		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (unpreserved)	Placenta	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown	N/A	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 2+ <input type="checkbox"/> 3
Human Organs or Tissues (preserved)		Not Applicable		Not Applicable

Additional Comments: _____

4.0 Genetically Modified Organisms and Cell lines

4.1 Will genetic modifications be made to the microorganisms, biological agents, or cells described in Sections 1.0 and 2.0? YES NO If **NO**, please proceed to Section 5.0

4.2 Will genetic modification(s) involving plasmids be done? YES, complete table below NO

Bacteria Used for Cloning *	Plasmid(s) **	Source of Plasmid	Gene Transformed or Transfected	Will there be a change due to transformation of the bacteria?	Will there be a change in the pathogenicity of the bacteria after the genetic modification?	What are the consequences due to the transformation of the bacteria?
DH5alpha E.Coli	PcDNA3	Life Technologies Inc	Cdc42	No	Not known	Its trasfection decreases cell migration

* Please attach a Material Safety Data Sheet or equivalent if available.

** Please attach a plasmid map.

***No Material Safety Data Sheet is required for the following strains of E. coli:

http://www.uwo.ca/humanresources/docandform/docs/ohs/CFIA_Ecoli_list.pdf

4.3 Will genetic modification(s) of bacteria and/or cells involving viral vectors be made?

YES, complete table below NO

Virus Used for Vector Construction	Vector(s) *	Source of Vector	Gene(s) Transduced	Describe the change that results from transduction

* 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 **Mice**

7.3 AUS protocol # **Pending**

7.4 List the location(s) for the animal experimentation and housing. **MSB, 5th floor**

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 LD₅₀ (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:

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: **H403 on 8/29/2011**
 NO, please certify
 NOT REQUIRED for Level 1 containment

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

BIO-UWO-0131

15.0 Procedures to be Followed

15.1 Are additional risk reduction measures necessary beyond those 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:
The worker (usually a student) will be instructed to wash the exposed area with lots of water and then if possible, with soap and water. Then he/she will be instructed to contact Student Affairs Asst Dean (Ext. 86803) or Ms. Pam Bere at 86250. I will make sure that the worker follows my instructions.

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 Chandan Chakraborty **Date:** April 25, 2012

15.4 Additional Comments: N/A

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 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 considered to be level 1 animal pathogens:

- | | | | | |
|---------------|--------------------|-----------|-------------------|----------------|
| • 5K | • CIE85 | • J52 | • MC4100 (MuLac) | • U5/41 |
| • 58 | • DH1 | • J53 | • MG1655 | • W208 |
| • 58-161 | • DH10 GOLD | • JC3272 | • MM294 | • W945 |
| • 679 | • DH10B | • JC7661 | • MS101 | • W1485 |
| • 1532 | • DH5 | • JC9387 | • NC-7 | • W3104 |
| • AB284 | • DH5-alpha | • JF1504 | • Nissle 1917 | • W3110 |
| • AB311 | • DP50 | • JF1508 | • One Shot STBL3 | • WA704 |
| • AB1157 | • DY145 | • JF1509 | • OP50 | • WP2 |
| • AB1206 | • DY380 | • JJ055 | • P678 | • X1854 |
| • AG1 | • E11 | • JM83 | • PA309 | • X2160T |
| • B | • EJ183 | • JM101 | • PK-5 | • X2541 |
| • BB4 | • EL250 | • JM109 | • PMC103 | • X2547T |
| • BD792 | • EMG2 | • K12 | • PR13 | • XL1-BLUE |
| • BL21 | • EPI 300 | • KC8 | • Rri | • XL1-BLUE-MRF |
| • BL21 (DE3) | • EZ10 | • KA802 | • RV308 | • XL0LR |
| • BM25.8 | • FDA Seattle 1946 | • KAM32 | • S17-1λ -PIR | • Y10 |
| • C | • Fusion-Blue | • KAM33 | • SCS1 | • Y1090 (1090) |
| • C-1a | • H1443 | • KAM43 | • SMR10 | • YN2980 |
| • C-3000 | • HF4714 | • LE450 | • SOLR | • W3110 |
| • C25 | • HB101 | • LE451 | • SuperchargeEZ10 | • WG1 |
| • C41 (DE3) | • HS(PFAMP)R | • LE452 | • SURE | • WG439 |
| • C43 (DE3) | • Hfr3000 | • MB408 | • TOP10 | • WG443 |
| • C600 | • Hfr3000 X74 | • MBX1928 | • TG1 | • WG445 |
| • Cavalli Hfr | • HMS174 | • MC1061 | | |

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

Cell Biology

ATCC® Number:

HTB-26™

[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:

MDA-MB-231

Depositors:

R Cailleau

[Biosafety Level:](#)

1

Shipped:

frozen

Medium & Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

Homo sapiens

epithelial

Morphology:

**Organ:** mammary gland; breast**Disease:** adenocarcinoma

Source:

Derived from metastatic site: pleural effusion**Cell Type:** epithelial

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:

epidermal growth factor (EGF), expressed
transforming growth factor alpha (TGF alpha), expressed

Tumorigenic:

Yes

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](#)

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- [partnership-level services](#)

[BioStandards](#)[Biological Reference Material and Consensus Standards for](#)

- [the life science community](#)

DNA Profile (STR): Amelogenin: X
CSF1PO: 12,13
D13S317: 13
D16S539: 12
D5S818: 12
D7S820: 8,9
THO1: 7,9.3
TPOX: 8.9

Cell Biology

ATCC® Number:

HTB-22™

[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:

MCF7

Depositors:

CM McGrath

[Biosafety Level:](#)

1

Shipped:

frozen

Medium & Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

Homo sapiens

epithelial

Morphology:

**Organ:** mammary gland; breast

Source:

Disease: adenocarcinoma**Derived from metastatic site:** pleural effusion**Cell Type:** epithelial

Cellular Products:

insulin-like growth factor binding proteins (IGFBP) BP-2; BP-4; BP-5

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.

Applications:

transfection host

Receptors:

estrogen receptor, expressed

Antigen Expression:

Blood Type O; Rh+

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BioStandards[Biological Reference Material and Consensus Standards for](#)

- [the life science community](#)

DNA Profile (STR):

Amelogenin: X

CSF1PO: 10

D13S317: 11

D16S539: 11,12

D5S818: 11,12

D7S820: 8,9

THO1: 6

TPOX: 9,12

Cell Biology

ATCC® Number:

HTB-126™

[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:

Hs 578T

Depositors:

AJ Hackett

Biosafety Level:

1

Shipped:

frozen

Medium & Serum:

[See Propagation](#)

Growth Properties:

adherent

Organism:

Homo sapiens
epithelial

Morphology:



Source:

Organ: mammary gland; breast**Disease:** carcinoma

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.

Receptors:

estrogen receptor, not expressed [[1119](#)]

Tumorigenic:

No

Amelogenin: X

CSF1PO: 13

D13S317: 11

D16S539: 9,12

DNA Profile (STR):

D5S818: 11

D7S820: 10

THO1: 9,9.3

TPOX: 8

vWA: 17

Cytogenetic Analysis:

Number of cells examined = 50; Modal Chromosome Number = 59 with a range of 50 to 77; Polyploidy Rate = 33.8%
Composite karyotype: 50-77 <3n> X, -1, del(1)(q12), -2, del(2)(q36), der(3)t(3;15)(q10;p10), -4, -5, der(5)t(5;8)(p10;q10), -6, i(6)(p10), +8, -9, -10, -11, del(11)(p12), -12, -13, -14, -15, -15, -16, -17, -17, -17, i(17)(q10), -18, -19, der(19)(19pter<-q13::5q13<-qter), +22, +3 mar[cp12]

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