

# Modification Form for Permit BIO-UWO-0142

Permit Holder: Wing - Yiu Choy

## Approved Personnel

(Please stroke out any personnel to be removed)

Sulayman Mokhtarzada

Anne Brickenden

## Additional Personnel

(Please list additional personnel here)

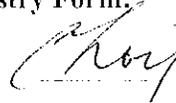
	Please stroke out any approved Biohazards to be removed below	Write additional Biohazards for approval below. *
Approved Microorganisms	E. coli BL21 DE3, E. coli Rosetta	
Approved Cells		
Approved Use of Human Source Material		
Approved GMO	plasmids pDEsT17, pET15b, pET11a	pDEST-HCSNBP
Approved use of Animals		

\* PLEASE ATTACH A MATERIAL SAFETY DATA SHEET OR EQUIVALENT FOR NEW BIOHAZARDS.

\*\* PLEASE ATTACH A BRIEF DESCRIPTION OF THE WORK THAT EXPLAINS THE BIOHAZARDS USED AND HOW THEY WILL BE USED.

Classification:   1  

Date of last Biohazardous Agents Registry Form:   Mar 3, 2008  

Signature of Permit Holder: 

BioSafety Officer(s): \_\_\_\_\_

Chair, Biohazards Subcommittee: \_\_\_\_\_

**Modification Form for Permit BIO-UWO-0142**

**Permit Holder: Wing - Yiu Choy**

Approved Toxin(s)

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\*\* PLEASE ATTACH A BRIEF DESCRIPTION OF THE WORK THAT EXPLAINS THE BIOHAZARDS USED AND HOW THEY WILL BE USED.

Classification: 1

Date of last Biohazardous Agents Registry Form: Mar 3, 2008

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BioSafety Officer(s): \_\_\_\_\_

Chair, Biohazards Subcommittee: \_\_\_\_\_



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**Plasmid 11085: pDEST-HisMBP**

HisMBP expression vector

Male

MBP

2282

E. coli

His6

Print Friendly Email

Price \$65.00

MBP

2282

E. coli

His6

Add to Cart

Price \$65.00

MBP

2282

E. coli

His6

Plasmid Cart

Price \$65.00

MBP

2282

E. coli

His6

Recently Viewed

Price \$65.00

MBP

2282

E. coli

His6

**Gateway vectors for the production of combinatorially-tagged His6-MBP fusion proteins in the cytosol and periplasm of *Escherichia coli*. Katsunori S et al. Protein Sci 2005; 14(1):294-311 (PubMed)**

Please acknowledge the principal investigator and cite this article if you use this plasmid in a publication.

Also, please include the text "Addgene Plasmid 11085" in your Materials and Methods section. This information allows Addgene to create a link from the plasmid page to your publication.

[View our privacy policy for more information.](#)

----- Original Message -----

**Subject:**Re: Modification form: Choy

**Date:**Thu, 09 Apr 2009 13:45:29 -0400

**From:**James Choy <jchoy4@uwo.ca>

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

**References:**<49DB9739.6080707@uwo.ca> <97BC3A1E-8858-44CA-8CCE-E08A9B737184@uwo.ca>  
<49DE3386.3060705@uwo.ca>

Hi Jennifer,

The plasmid will be used to over-express MBP-tagged Thyroid Cancer 1 protein in E. coli system for Nuclear Magnetic Resonance structural studies.

James

**THE UNIVERSITY OF WESTERN ONTARIO  
 BIOHAZARDOUS AGENTS REGISTRY FORM  
 Revised Biohazards Subcommittee: September, 2007**

This form must be completed by each Principal Investigator holding a grant administered by the University of Western Ontario where the use of biohazardous infectious agents are described in the experimental work proposed. The form must also be completed if animal work is proposed involving the use of biohazardous agents or animal carrying zoonotic agents infectious to humans. Containment Levels will be required in accordance with Laboratory Biosafety Guidelines, 3rd edition, 2004, Health Canada (HC) or Containment Standards for Veterinary Facilities, 1<sup>st</sup> edition 1996, Canadian Food Inspection Agency (CFIA).

Completed forms are to be returned to Occupational Health and Safety (Stevenson-Lawson Building, Room 60) for forward to the Biohazard Subcommittee. For questions regarding this form, please contact the Biosafety Coordinator at extension 81135. If there are changes to the information on this form (excluding grant title and funding agencies) modifications must be completed and sent to Occupational Health and Safety. See website: [www.uwo.ca/humanresources](http://www.uwo.ca/humanresources)

PRINCIPAL INVESTIGATOR WING-YIU CHOY  
 SIGNATURE *[Signature]*  
 DEPARTMENT Biochemistry  
 ADDRESS MSB 302  
 PHONE NUMBER x 83161  
 EMAIL jchoy4@uwo.ca

Location of experimental work to be carried out: Building(s) MSB Room(s) 304

\*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 it being sent to Occupational Health and Safety (See Section 12.0, Approvals). For research being done at Lawson Health Research Institute, London Regional Cancer Centre, Child and Parent Research Institute or Robarts Research Institute, University Biosafety Committee members can also sign as the Safety Officer.

GRANT TITLE(S): Structural studies of naturally disordered proteins

PLEASE ATTACH A BRIEF DESCRIPTION OF YOUR WORK, SUCH AS THE RESEARCH GRANT SUMMARY THAT EXPLAINS THE BIOHAZARDS USED AND HOW THEY WILL BE USED. PROJECTS SUBMITTED WITHOUT A SUMMARY WILL NOT BE REVIEWED.

FUNDING AGENCY/AGENCIES CIHR

Names of all personnel working under Principal Investigators supervision in this location:

Anne Brickenden  
Sulayman Mokhtarzada  
Yueyang Lai

## 1.0 Microorganisms

1.1 Does your work involve the use of microorganisms or biological agents of plant or animal origin (including but not limited to viruses, prions, parasites, bacteria)?  YES  NO  
 If no, please proceed to Section 2.0

1.2 Please complete the table below:

Name of Biological agent(s)	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?	Source/ Supplier	Health Canada or CFIA Containment Level
<i>E. Coli</i> (B121 <del>YES</del> )	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	2L	Novagen	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
<i>E. coli</i> (Rosetta)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	2L	Novagen	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

Please attach a Material Safety Data Sheet or equivalent from the supplier.

## 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 in the table below

Cell Type	Is this cell type used in your work?	Source of Primary Cell Culture Tissue
Human	<input type="radio"/> Yes <input type="radio"/> No	
Rodent	<input type="radio"/> Yes <input type="radio"/> No	
Non-human primate	<input type="radio"/> Yes <input type="radio"/> No	
Other (specify)		

2.3 Please indicate the type of established cells that will be grown in culture in the table below.

Cell Type	Is this cell type used in your work?	Specific cell line(s)	Supplier / Source
Human	<input type="radio"/> Yes <input type="radio"/> No		
Rodent	<input type="radio"/> Yes <input type="radio"/> No		
Non-human primate	<input type="radio"/> Yes <input type="radio"/> No		
Other (specify)	<input type="radio"/> Yes <input type="radio"/> No		

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

Please attach a Material Safety Data Sheet or equivalent from the supplier. (For more information, see [www.atcc.org](http://www.atcc.org))

### 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 Known to Be Infected With An Infectious Agent? YES/NO	Name of Infectious Agent (If applicable)	HC or CFIA Containment Level (select one)
Human Blood (whole) or other Body Fluid		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Human Blood (fraction) or other Body Fluid		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Human Organs (unpreserved)		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Human Tissues (unpreserved)		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Human Organs (preserved)		<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

### 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 sequences from the following be involved:

- ◆ HIV  YES  NO  
if YES specify \_\_\_\_\_
- ◆ HTLV 1 or 2 or genes from any CDC class 1 pathogens  YES  NO  
if YES specify \_\_\_\_\_
- ◆ Other human or animal pathogen and or their toxins  YES  NO  
if YES specify \_\_\_\_\_

4.3 Will intact genetic sequences be used from

- ◆ SV 40 Large T antigen  YES  NO If YES specify \_\_\_\_\_
- ◆ Known oncogenes  YES  NO If YES specify \_\_\_\_\_

4.4 Will a live viral vector(s) or bacterial plasmid be used for gene transduction  YES  NO  
 If YES name \_\_\_\_\_

Please attach a Material Safety Data Sheet or equivalent.

4.5 List specific vector(s) to be used: plasmids: pDEST17, pET15b, pET11a *u*

4.6 Will virus be replication defective  YES  NO

4.7 Will virus be infectious to humans or animals  YES  NO

4.8 Will this be expected to increase the Containment Level required  YES  NO

## 5.0 Human Gene Therapy Trials

5.1 Will human clinical trials using the viral vector in 4.0 be conducted?  YES  NO  
If no, please proceed to Section 6.0  
If YES attach a full description of the make-up of the virus.

5.2 Will virus be able to replicate in the host?  YES  NO

5.3 How will the virus be administered? \_\_\_\_\_

5.4 Please give the Health Care Facility where the clinical trial will be conducted: \_\_\_\_\_

5.5 Has human ethics approval been obtained?  YES  NO  PENDING

## 6.0 Animal Experiments

6.1 Will any of the agents listed be used in live animals?  YES  NO  
If no, please proceed to section 7.0

6.2 Name of animal species to be used \_\_\_\_\_

6.3 AUS protocol # \_\_\_\_\_

6.4 If using murine cell lines, have they been tested for murine pathogens?  YES  NO

## 7.0 Use of Animal species with Zoonotic Hazards

7.1 Will any of the following animals or their organs, tissues, lavages or other bodily fluids including blood be used:

- ♦ Pound source dogs  YES  NO
- ♦ Pound source cats  YES  NO
- ♦ Cattle, sheep or goats  YES  NO
- ♦ Non- Human Primates  YES  NO If YES specify species \_\_\_\_\_
- ♦ Wild caught animals  YES  NO If YES specify species \_\_\_\_\_  
colony # \_\_\_\_\_
- ♦ Birds  YES  NO
- ♦ Others (wild or domestic)  YES  NO

## 8.0 Biological Toxins

8.1 Will toxins of biological origin be used?  YES  NO  
If no, please proceed to Section 9.0

8.2 If YES, please name the toxin \_\_\_\_\_

8.3 What is the LD<sub>50</sub> (specify species) of the toxin \_\_\_\_\_

8.4 Please attach information, such as a Material Safety Data Sheet, for the toxin(s) used.

**9.0 Import Requirements**

9.1 Will the agent be imported?  YES  NO  
If no, please proceed to Section 10.0  
If yes, country of origin \_\_\_\_\_

9.2 Has an Import Permit been obtained from HC for human pathogens?  YES  NO

9.3 Has an import permit been obtained from CFIA for animal pathogens?  YES  NO

9.4 Has the import permit been sent to OHS?  YES  NO  
If yes, Permit # \_\_\_\_\_

**10.0 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
- ◆ 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 biohazardous agents in Sections 1.0 to 9.0 have been trained.

SIGNATURE \_\_\_\_\_ *Choy*

**11.0 Containment Levels**

11.1 For the work described in sections 1.0 to 9.0, please indicate the highest HC or CFIA Containment Level required.  1  2  3

11.2 Has the facility been certified by OHS for this level of containment?  YES  NO

11.3 If yes, please give the date and permit number: Certificate # BIO-UWO-0142

**12.0 Approvals**

UWO Biohazard Subcommittee

Signature *G.M. Kiedler* Date 3 Mar. '08

Safety Officer for Institution where experiments will take place

Signature *N. Stanley, UWO* Date Feb 25 2008

Safety Officer for University of Western Ontario (if different from above)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Expiry Date (3 years from Approval): \_\_\_\_\_