

Modification Form for Permit BIO-LHRI-0052

Permit Holder: David O'Gorman

Approved Personnel

(Please stroke out any personnel to be removed)

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		<i>E. coli dH5alpha</i> → per emg.
Approved Cells	human (scar tissue)	
Approved Use of Human Source Material	tissues (unpreserved)	
Approved GMO	<i>lox-stop-lox GFP plasmid (Addgene)</i> →	
Approved use of Animals		
Approved Toxin(s)		

* 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: 2

Date of last Biohazardous Agents Registry Form: Aug 24, 2007

Signature of Permit Holder: *[Signature]*

BioSafety Officer(s): *[Signature]*

Chair, Biohazards Subcommittee: _____

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

Subject:Re: New MTA for David O'Gorman lab plasmid request
(Order 28129)

Date:Wed, 29 Jul 2009 11:34:15 -0400

From:David O Gorman <dogorman@uwo.ca>

To:Jennifer Stanley <jstanle2@uwo.ca>

References:<4A677A7E.9030804@uwo.ca> <DA908851-30CB-
4549-A205-DB7D6F3B2EAA@uwo.ca>
<4A7067A6.1080601@uwo.ca>

Hi Jennifer,

We will use routine cloning procedures, including insertion of a cDNA encoding a protein of interest and transformation of competent DH5 alpha to generate large quantities of DNA, with the goal of generating a transgene construct. I believe we have current approval for these routine procedures. This transgene construct will be used to generate a transgenic mouse for wound healing studies, funded by the Plastic Surgery Education Foundation and AUS approved. The mouse will be constructed by pro-nuclear injection at the VRL facility under Dr Chris Pin's supervision.

The biosafety form was signed by someone I had never met before, (Dooly ?), directed to me by Occupational Health and Safety at St Joes, since Jeff Tucker is on leave.

David

The lox-stop-lox-EGFP construct is just plasmid containing enhanced green fluorescent protein (EGFP, a fluorescent marker) and some sequences recognized by the Cre recombinase enzyme designed to regulate transcription of the EGFP and any other gene inserted in to the plasmid. The ROSA26 part simply refers to some mouse DNA sequence included to help target this plasmid to a particular part of the mouse chromosome.

This plasmid is not biohazardous in any way that I can conceive of, we will be using it as a backbone for generating a transgenic mouse.

THE UNIVERSITY OF WESTERN ONTARIO
BIOHAZARDOUS AGENTS REGISTRY FORM
Revised Biohazards Subcommittee: January, 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, 1st 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

PRINCIPAL INVESTIGATOR David O'Gorman
SIGNATURE [Signature]
DEPARTMENT Biochemistry/Surgery
ADDRESS E2-138 St Joseph's Hospital
PHONE NUMBER 519 646-6100 #64397
EMAIL dogorman@uwo.ca

Location of experimental work to be carried out: Building(s) LHRI Room(s) F1-104

*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.

TITLE OF GRANT(S):
The role of Periostin in promoting primary dermal fibroblasts

PLEASE ATTACH A BRIEF DESCRIPTION OF YOUR WORK, SUCH A THE RESEARCH GRANT SUMMARY(S) THAT EXPLAINS THE BIOHAZARDS USED. PROJECTS SUBMITTED WITHOUT A SUMMARY WILL NOT BE REVIEWED. ATTACHED

FUNDING AGENCY/AGENCIES Academic Development Fund

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

- i) Yan Wu
- ii) Lind. Vi
- iii) _____
- iv) _____
- v) _____

* DESCRIPTION MUST BE ATTACHED TO THIS FORM OR PROJECT WILL NOT BE REVIEWED*

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?	Is it known to be an animal pathogen?	Is it known to be a zoonotic agent?	Maximum quantity to be cultured at one time?
	YES/NO	YES/NO	YES/NO	
	<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"/> Yes <input type="checkbox"/> No	<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"/> Yes <input type="checkbox"/> No	<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"/> Yes <input type="checkbox"/> No	

1.3 For above named organism(s) or biological agent(s) circle HC or CFIA Containment Level required.

1 2 3

1.4 Source of microorganism(s) or biological agent(s)? _____

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 (ie. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>surgically resected skin</i>
Rodent	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>embryonic tissue</i>
Non-human primate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)		

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

N/A

Cell Type	Is this cell type used in your work?	Specific cell line(s)	Supplier / Source
Human	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

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

* DESCRIPTION MUST BE ATTACHED TO THIS FORM OR PROJECT WILL NOT BE REVIEWED*

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 if the following will be used in the laboratory

- ◆ Human blood (whole) or other bodily fluids YES NO If YES, Specify _____
- ◆ Human blood (fraction) or other bodily fluids YES NO If YES, Specify _____
- ◆ Human organs (unpreserved) YES NO If YES, Specify _____
- ◆ Human tissues (unpreserved) YES NO If YES, Specify palmar fascia and/or skin / scar tissue

3.3 Is human source known to be infected with and infectious agent YES NO
If YES, please name infectious agent _____

3.4 For above named materials circle HC or CFIA containment level required. 1 **(2)** 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 vector(s) (viral or bacterial) be used for gene transduction YES NO
If YES name virus _____

4.5 List specific vector(s) to be used: _____

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

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
- ◆ Sheep or goats YES NO
- ◆ Non- Human Primates YES NO If YES specify species _____
- ◆ Wild caught animals YES NO If YES specify species _____
colony # _____

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 LD₅₀ (specify species) of the toxin _____

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

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 

11.0 Containment Levels

11.1 For the work described in sections 1.0 to 9.0, please circle 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: Sept 14/2004 *to be re-inspected end of 2007*

12.0 Approvals

UWO Biohazard Subcommittee

Signature  Date 29 Aug '07

Safety Officer for Institution where experiments will take place

Signature  Date Aug 13/07

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

Signature  Date Aug 24/07