Modification Form for Permit BIO-RRI-0027

Permit Holder: Sean Cregan

Approved Personnel
(Please stroke out any personnel to be removed)

~~Ben Feurth~~

Meera ~~Karajgiuar~~ Karajgikar

Diana Steckley

Additional Personnel
(Please list additional personnel here)

Jennifer Guadagno

	Please stroke out any approved Biohazards to be removed below	Write additional Biohazards for approval below. *
Approved Microorganisms	E.coli DH5 alpha, Adenovirus	
Approved Cells	Human (established), Rodent (primary), HEK 293, SY5Y, Neuro 2a, SN56, N1E	
Approved Use of Human Source Material		
Approved GMO	E1A	
Approved use of Animals	Protocol # Mouse 2008-004-02 →	

* *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: May 12, 2006

Signature of Permit Holder: Sean Cregan

BioSafety Officer(s):

Chair,Biohazards Subcommittee:

Modification Form for Permit BIO-RRI-0027

Permit Holder: Sean Cregan

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: May 12, 2006

Signature of Permit Holder:

BioSafety Officer(s):

Chair,Biohazards Subcommittee:

2006-08
BIO-RRI-0027

robarts RESEARCH

BIOHAZARDOUS AGENTS REGISTRY FORM

Reviewed by Biosafety Subcommittee: February 2006

This form must be completed by each Principal Investigator when completing a grant application or grant renewal to be administered by the Robarts Research Institute, if the use of biohazardous and/or infectious agents is proposed. For any proposed animal work involving the use of biohazardous agents or animals carrying zoonotic agents infectious to humans, this form must also be completed.

COMPLETED FORMS ARE TO BE RETURNED TO BIOSAFETY SUBCOMMITTEE CHAIR, ROOM 3-34.1.

If there are any changes to the information on these forms (excluding grant title and funding agencies) a new form must be completed and sent to the Biosafety Subcommittee Chair BEFORE implementation of these changes can occur.

If multi-team grants are being applied for, each individual Investigator of the team must submit a Biohazardous Agents Registry Form to the Biosafety Subcommittee Chair.

Containment Levels will be required in accordance with Health Canada (HC), Laboratory Biosafety Guidelines, 3rd edition 2004, or Canadian Food Inspection Agency (CFIA), Containment Standards for Veterinary Facilities, 1st edition 1996.

For questions regarding this form, please contact Biosafety Subcommittee Chair at ext. 34125.

1.0 Contact Information

PRINCIPAL INVESTIGATOR: SEAN CREGAN

SIGNATURE: Sean Cregan

DATE: MAY 17 2006

DEPARTMENT: CELL BIOLOGY

ADDRESS: ROBARTS

TELEPHONE: 663-5777 x 34134

EMAIL: scregan@robarts.ca

Location of experimental work to be carried out:

Building(s): RRI

Room(s): 3rd FLOOR LAB

**For work being performed at Institutions affiliated with the Robarts Research Institute, the Safety Officer for the Institution where experiments will take place must sign the form prior to it being sent to Robarts Research Institute, Biosafety Subcommittee Chair. See Section 12.0, Approvals*

GRANT TITLE(S): p53 SIGNALING IN OXIDATIVE DAMAGE INDUCED NEURONAL APOPTOSIS

ATTACH A BRIEF DESCRIPTION OF YOUR WORK, SUCH AS THE RESEARCH GRANT SUMMARY(S) EXPLAINING THE BIOHAZARD(S) USED.

FUNDING AGENCY/AGENCIES: HEART & STROKE FOUNDATION OF ONTARIO

Names of all personnel working under Principal Investigator's supervision in this location:

DIANA STECKLEY

MEERA KARANJGICAR

BEN FEURTH

PATRICK SWAN

Note : A list of human pathogens categorized according to Risk Group can be obtained by calling the Office of Laboratory Security directly at (613) 957-1779 or accessing their Web site : http://www.phac-aspc.gc.ca/ols-bsl/index.html

2.0 Microorganisms

2.1 Does your work involve the use of microorganisms? (check one) YES ○ NO ○
If **NO**, please proceed to Section **3.0**

2.2 Please complete the table below:

Name of Microorganism	Is microorganism a known human pathogen? **YES/NO**	Is microorganism a known animal pathogen? **YES/NO**	Is microorganism a known zoonotic agent? **YES/NO**	Maximum quantity to be cultured at one time?	Health Canada or CFIA Containment Level (check one)
E. Coli DH5α	NO	NO	NO.		1 ⊘ 2 ○ 3 ○ 4 ○
Adenovirus (type 5)	Yes.	NO	NO.		1 ○ 2 ⊘ 3 ○ 4 ○
					1 ○ 2 ○ 3 ○ 4 ○

3.0 Cell Culture

3.1 Does your work involve the use of cell cultures? (check one) YES ⊘ NO ○
If **NO**, please proceed to Section **4.0**.

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

Cell Type	Is this cell type used in your work? YES / NO	Established or Primary *	Supplier of Primary Cell Culture Tissue
Human	yes	established	Rylett Lab
Rodent	Yes	PRIMARY	mouse
Non-human primate			
Other (specify)			

* i.e. derived from fresh tissue

3.3 Complete the following table.

Specific Cell Line	Source / Supplier	HC or CFIA Containment Level (check one)
SH-SY5Y	Rylett LAB.	1 ✓ 2 O 3 O 4 O
		1 O 2 O 3 O 4 O
		1 O 2 O 3 O 4 O

4.0 Use of Human Source Materials

4.1 Does your work involve the use of human source materials? (check one) **YES** O **NO** ✓
If **NO**, please proceed to Section **5.0**

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

Human Source Material	Specify Source, or Not Applicable (NA)	Is Human Source Material known to be infected with an infectious agent? YES/NO	Name of Infectious Agent	HC or CFIA Containment Level (check one)
Human Blood (whole) or other Body Fluid				1 O 2 O 3 O 4 O
Human Blood (fraction) or other Body Fluid				1 O 2 O 3 O 4 O
Human Organs (unpreserved)				1 O 2 O 3 O 4 O
Human Tissues (unpreserved)				1 O 2 O 3 O 4 O

5.0 Genetically Modified Organisms and Cell lines

5.1 Will genetic modifications be made to the organism, virus or cell line? (check one)

YES ○ NO ✓

If **NO**, please proceed to Section **6.0**

5.2 Will genetic sequences from any of the following be involved?

- HIV (check one) YES ○ NO ✓

If **YES,** specify: _____

- HTLV 1 or 2 (check one) YES ○ NO ○

If **YES,** specify: _____

- Other human or animal pathogen and/or their toxins (check one) YES ○ NO ○

If **YES,** specify: _____

5.3 Will intact genetic sequences be used from:

SV 40 Large T antigen or Adeno E1A (check one) YES ○ NO ○

If **YES,** specify: _____

Known or suspected oncogenes (check one) YES ○ NO ○

If **YES,** specify: _____

5.4 Will a live vector(s) (viral or bacterial) be used for gene transduction? (check one)

YES ○ NO ○

If **YES,** name virus: _____

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

5.6 Will virus be replication defective? (check one) YES ○ NO ○

5.7 Will virus be infectious to humans or animals? (check one) YES ○ NO ○

5.8 Will this be expected to increase the Containment Level required? (check one)

YES ○ NO ○

6.0 Human Gene Therapy Trials

6.1 Will human clinical trials using the viral vector in 4.0 be conducted? (check one)

YES ○ NO ✓

If **NO**, please proceed to Section **7.0**

If* YES, *attach a full description of the make-up of the virus.

6.2 Will virus be able to replicate in the host? (check one) YES ○ NO ○

6.3 How will the virus be administered? _____

6.4 Please give the Health Care Facility where the clinical trial will be conducted:

_____

6.5 Has human ethics approval been obtained? (check one) YES ○ NO ○

Approval # _____

7.0 Animal Experiments

7.1 Will any of the agents listed be used in live animals? (check one) YES ○ NO ✓
If **NO**, please proceed to section 8.0

7.2 Name of animal species to be used: _____

7.3 AUS protocol # _____

7.4 If using murine cell lines, have they been tested for murine pathogens? (check one)
YES ○ NO ○

8.0 Use of Animal species with Zoonotic Hazards

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

- Pound source dogs (check one YES ○ NO ✓
- Pound source cats (check one) YES ○ NO ✓
- Sheep or goats (check one) YES ○ NO ✓
- Non- Human Primates (check one) YES ○ NO ✓

If **YES** specify species _____

- Wild caught animals (check one) YES ○ NO ✓

If **YES** specify species _____

9.0 Biological Toxins

9.1 Will toxins of biological origin be used? (check one) YES ○ NO ✓
If **NO**, please proceed to Section **10.0**
If **YES**, please name the toxin _____

9.2 What is the LD_{50} (specify species) of the toxin? _____

10.0 Import Requirements

10.1 Will the agent be imported? (check one) YES ○ NO ✓
If **NO**, please proceed to Section **11.0**
If **YES**, country of origin _____

10.2 Has an Import Permit been obtained from HC for human pathogens? (check one)
YES ○ NO ○

10.3 Has an import permit been obtained from CFIA for animal pathogens? (check one)
YES ○ NO ○

10.4

10.5 Has the import permit been sent to Biosafety Subcommittee Chair? (check one)
YES ○ NO ○

If **YES**, Permit # _____

11.0 Training Requirements for Personnel Named on Form

All personnel named in section **1.0** of this form who will be using any of the above named agents are required to attend the following training courses given by OH&S.

- 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 2.0 to 10.0 have been trained as required.

SIGNATURE _____

12.0 Containment Levels

12.1 For the work described in sections **2.0** to **10.0**, check the highest HC or CFIA Containment Level required. 1 ○ 2 Ø 3 ○ 4 ○

12.2 Has the facility been certified by Biosafety Subcommittee Chair for this level of containment? (check one) **YES** Ø NO ○

If **YES,** give date: March 16, 2006 and permit number: 2006-03-(.

13.0 Approvals

Robarts Research Institute

Signature _____ Date May 12, 2006

Biosafety Officer for the Institution where experiments will take place

Signature _____ Date _____

Biosafety Officer of Robarts Research Institute (if different than above)

Signature _____ Date _____

Note: This permit will be in effect from _____ to _____, subject to annual facility re-certification.