

**UW-Madison Institutional Biosafety Permit BIO-RR1-0026**

**Permit Holder: Caroline Schild Poulter**

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

Dawn Bryce

**Additional Personnel**  
**(Please list additional personnel here)**

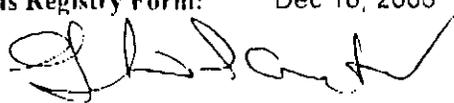
	Please stroke out any approved Biohazards to be removed below	Write additional Biohazards for approval below. *
<b>Approved Microorganisms</b>	E. coli, S. cerevisiae	
<b>Approved Cells</b>	Human (established), Rodent (established), insect (established)	
<b>Approved Use of Human Source Material</b>		
<b>Approved GMO</b>	HPV (Hela), stem cell lines (Derivative and embryonic)	<i>Fluorimide Bt-2 powder</i> <i>LB 322</i> <i>LB 335</i> <i>LB 124</i>
<b>Approved use of Animals</b>		
<b>Approved Toxin(s)</b>		

\* 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: Dec 16, 2006

Signature of Permit Holder:



BioSafety Officer(s):

Chair, Biohazards Subcommittee:

Caroline Schild Poulter

March 2, 2009

Plasmids ordered from Addgene

1.B322, 1.B335, 1.B124

These plasmids will be transfected into mammalian cells. Cells will be harvested and extracts will be prepared 24h and 48h following transfection. The activity of the reporter gene that these plasmids contain will then be monitored using a luciferase assay.

These plasmids are reporter plasmid that are for transient transfection only and will not modify the cells that they are introduced into. They will only monitor the activity of the cells under selected conditions.



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pl3355 (Bcl-2 from ATG to -1281)

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Price \$65.00

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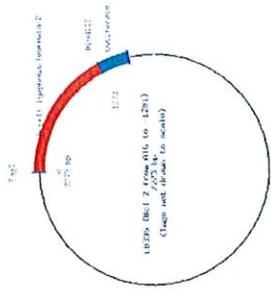
Email

### Plasmid 15382: LB3355 (Bcl-2 from ATG to -1281)

- Genes/insert name: B-cell lymphoma/leukemia-2
- Alternative names: Bcl-2
- Insert size (bp): 1273
- Gene(s) derived from: E. coli
- Species of host(s): H. sapiens (human)
- Host strain medium/antibiotic: Bcl-2 fragment from ATG to -1281 with P2
- Plasmid problem or tags: Luciferase
- Terminal: C terminal on backbone
- Vector backbone: pBluescript II KS(+) (Search Vector Database)
- Type of vector: Bacterial expression, Luciferase
- Background note (bp): 6000
- Cloning site (s): EagI
- Site (s) for restriction cloning: No
- Cloning site (s): HindIII
- Site (s) for long-term storage: No
- 5'-Nucleotidic primer: T3 (List of Sequencing Primers)
- 3'-Nucleotidic primer: T7
- Enzyme resistance: Ampicillin
- High or low copy: Don't know
- Cloned in standard E. coli: Yes
- Sequence: View sequence
- Author's Map: View map
- Plasmid provided to: DH5a
- Plasmid provided to: Linda Boxer
- Terms and Licenses: MTA

Plasmid Data
Author's map
Sequence
Request Plasmids
From this article
BCL2 plasmids
Linda Boxer Lab Plasmids
Gene Links
NCBI: BCL2
BCL2 antibodies

Price is approximately \$65.00 per copy
LB3355 (Bcl-2 from ATG to -1281)
LB124 (Bcl-2 from -1281 to -3934)



Article: **A-Myc up-regulates Bcl-2 through a Cdx-binding site in U937 lymphoma cells.**  
 Heckman CA et al. (J Biol Chem. 2000 Mar 3; 275(5):6499-508. 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 15382" in your Materials and Methods section. This information allows Addgene to create a link from the plasmid page to your publication.

http://www.addgene.org/pg/vec/?f=c&identifier=15382&atq=lb3355&cmd=findpl

Addgene has sequenced a portion of this plasmid for verification. Click here for the sequencing result

Click on map to enlarge





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### Plasmid 15381: LB322 (Bcl-2 from ATG to -3934)

B-cell lymphoma/leukemia-2  
 Bcl-2  
 3926  
 BCL2, Bcl-2  
 H. sapiens (human)  
 Bcl-2 fragment from ATG to -3934 with both P1 and P2

Features:  
 C-terminal on backbone  
 pBluescript II KS(+)  
 Bacterial expression/Luciferase

Type of vector:  
 Bacterial expression/Luciferase

Other features:  
 Antibiotic resistance:  
 Ampicillin

Cloning sites:  
 HindIII

Sequencing primer:  
 T3 (List of Sequencing Primers)

Author's kit:  
 DH5a

Plasmid provided by:  
 Linda Boxer

Project keywords:  
 MTA

Plasmid Cart

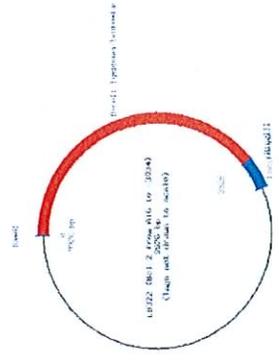
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Plasmid map
Author's map
Sequence
Related Plasmids
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BCL2 plasmids
Linda Boxer Lab plasmids
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NCBI: BCL2
BCL2 antibodies

This is a non-replicative vector.  
 LB335 (Bcl-2 from ATG to -1281)  
 LB124 (Bcl-2 from -1287 to -3934)



Address: A-Myc up-regulates Bcl-2 through a Cdx-binding site in t(14;18) lymphoma cells.  
 Heckman CA et al (J Biol Chem 2000 Mar 3 275(9):6499-506 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 15381" in your Materials and Methods section. This information allows Addgene to create a link from the plasmid page to your publication.

Addgene has sequenced a portion of this plasmid for verification. Click here for the sequencing result.

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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: Caroline Schild Poulter

SIGNATURE: [Handwritten Signature]

DATE: Nov 3, 2006

DEPARTMENT: Cell Biology

ADDRESS: PO Box 5015, 700 Perth Drive London

TELEPHONE: 663-5777 ext 34164

EMAIL: cschild.poulter@robarts.ca

Location of experimental work to be carried out:

Building(s): Robarts Research

Room(s): J. Allyn Taylor Centre

\*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 13.0, Approvals

GRANT TITLE(S): Molecular mechanisms of transcription factor Oct-1 function in response to DNA damage.

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

FUNDING AGENCY/AGENCIES: NCIC (submitted)

Anticipated Grant End Date: 7/2010

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

Dawn Bryce

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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? 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 (select one)
<u>E. coli</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>2 pt</u>	10 <del>200</del> 30
<u>S. cerevisiae</u>	<u>yes</u>	<u>yes</u>	<u>yes</u>	<u>2 pt</u>	10 <del>200</del> 30
					10 20 30

**3.0 Cell Culture**

3.1 Does your work involve the use of cell cultures? 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	
Rodent	yes	established	
Non-human primate	No		
Other (specify)	Insect (established)		

\* i.e. derived from fresh tissue

3.3 Complete the following table.

Specific Cell Line	Source / Supplier	HC or CFIA Containment Level (select one)		
NCF7	ATCC	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
Phoenix (293T-derivative)	Non commercial	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>
Naive embryonic fibroblast	"	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>

f100 Hela (human) ATCC CCL-2 1  2  3

**4.0 Use of Human Source Materials**

4.1 Does your work involve the use of human source materials? YES  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 (select one)
Human Blood (whole) or other Body Fluid				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Human Blood (fraction) or other Body Fluid				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Human Organs (unpreserved)				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Human Tissues (unpreserved)				1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>

**5.0 Genetically Modified Organisms and Cell lines**

5.1 Will genetic modifications be made to the organism, virus or cell line? YES  NO   
If NO, please proceed to Section 6.0

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

- HIV YES  NO

If YES, specify: \_\_\_\_\_

- HTLV 1 or 2 YES  NO

If YES, specify: \_\_\_\_\_

- Other human or animal pathogen and/or their toxins YES  NO

If YES, specify: \_\_\_\_\_

5.2 Will intact genetic sequences be used from:

- SV 40 Large T antigen YES  NO
- Adeno E1A YES  NO
- Known or suspected oncogenes YES  NO

If YES, specify: HPV (HeLa)

5.4 Will a live vector(s) (viral or bacterial) be used for gene transduction? YES  NO

If YES, name vector: Human Stem Cell Virus (Derivative of Embryonic Stem Cell

5.5 List specific vector(s) to be used: PHSCV what envelope + amphotropic virus

5.6 Will vector be replication defective? YES  NO  *for what purposes not mentioned in summary.*

5.7 Will vector be infectious to humans or animals? YES  NO

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

**6.0 Human Gene Therapy Trials**

6.1 Will human clinical trials using the vector(s) in 5.5 be conducted? 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 vector be able to replicate in the host? YES  NO

6.3 How will the vector 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? YES  NO

Approval # \_\_\_\_\_

**7.0 Animal Experiments**

- 7.1 Will any of the agents listed be used in live animals? 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? 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 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 \_\_\_\_\_

**9.0 Biological Toxins**

- 9.1 Will toxins of biological origin be used? YES  NO   
If NO, please proceed to Section 10.0  
If YES, please name the toxin \_\_\_\_\_
- 9.2 What is the LD<sub>50</sub> (specify species) of the toxin? \_\_\_\_\_

**10.0 Import Requirements**

- 10.1 Will the agent be imported? 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? YES  NO
- 10.3 Has an import permit been obtained from CFIA for animal pathogens? YES  NO
- 10.4 Has the import permit been sent to Biosafety Subcommittee Chair? 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 *[Handwritten Signature]*

**12.0 Containment Levels**

12.1 For the work described in sections 2.0 to 10.0, select the highest HC or CFIA Containment Level required.      10      ~~20~~      30

12.2 Has the facility been certified by Biosafety Subcommittee Chair for this level of containment?  
YES       NO

If YES, give date: Nov 16, 06 and permit number: 2006.03-CB-CSP

**13.0 Approvals**

**Roberts Research Institute**

Signature *[Handwritten Signature]*      Date Dec. 13, 2006

**Biosafety Officer for the Institution where experiments will take place**

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

**Biosafety Officer of Roberts Research Institute (if different than above)**

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

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