Modification Form for Permit BIO-RRI-0020

Permit Holder: Joaquin Madrenas

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

~~Gaitlin Lemke~~

~~Mark Kirchhof~~

Luan Chau

~~Brianne Davis~~

Additional Personnel
(Please list additional personnel here)

Thu Chau
Darah Christie
Samar Sayedyahosseiw
Isaac Elias

	Please stroke out any approved Biohazards to be removed below	Write additional Biohazards for approval below. *
Approved Microorganisms		
Approved Cells	Human (primary, established), Rodent (primary, established), Jurkat, Hek 293	
Approved Use of Human Source Material	blood	h.CTLA4 pbig2i plasmid
Approved GMO		
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: 2

Date of last Biohazardous Agents Registry Form: Oct 12, 2006

Signature of Permit Holder: Joaquin M. D

BioSafety Officer(s): _____

Chair,Biohazards Subcommittee: _____

Modification Form for Permit BIO-RRI-0020

Permit Holder: Joaquin Madrenas

Approved Toxin(s)

superantigen	

* The h.CTLA4 pbig2i plasmid is used to transfect human T cell lines (Jurkats) to express CTLA-4 under doxycycline regulation. The transfected cell lines are then used to test their responses in-vitro to different stimuli

* *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: Oct 12, 2006

Signature of Permit Holder: J Madrenas MD

BioSafety Officer(s):

Chair,Biohazards Subcommittee:

2006-15

BIO-RRI-0020

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: Joaquin Madrenas

SIGNATURE: JMadrenas

DATE: Aug 23/06

DEPARTMENT: Microbiology + Immunology

ADDRESS: RRI

TELEPHONE: x 34242

EMAIL: madrenas@robarts.ca

Location of experimental work to be carried out:

Building(s): RRI

Room(s): 2.05

**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): The role of SLP-2 in TCR signalosome assembly and T cell activation

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

FUNDING AGENCY/AGENCIES: ~~CIHR~~ NCIC

Anticipated Grant End Date: _____

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

Ms. LVAN A. CHAU
Dr CAIT D. LETICE
Mr. MARK G. KIRCHHOF
Ms. BRIANNE DAVIS
Ms THU A. CHAU

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 O NO Ø
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)
					1O 2O 3O
					1O 2O 3O
					1O 2O 3O

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	both	volunteers
Rodent	yes	both	mice
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 (select one)
JURKAT	ATCC	1 ○ 2 ⊗ 3 ○
HEK293	ATCC	1 ○ 2 ⊗ 3 ○
		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	volunteer	No		1 ○ 2 ⊗ 3 ○
Human Blood (fraction) or other Body Fluid				1 ○ 2 ○ 3 ○
Human Organs (unpreserved)				1 ○ 2 ○ 3 ○
Human Tissues (unpreserved)				1 ○ 2 ○ 3 ○

5.0 Genetically Modified Organisms and Cell lines

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

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

- HIV YES O NO O

If **YES**, specify: _____

- HTLV 1 or 2 YES O NO O

If **YES**, specify: _____

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

If **YES**, specify: _____

5.2 Will intact genetic sequences be used from:

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

If **YES**, specify: _____

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

If **YES**, name virus: _____

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

5.6 Will virus be replication defective? YES O NO O

5.7 Will virus be infectious to humans or animals? YES O NO O

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

6.0 Human Gene Therapy Trials

6.1 Will human clinical trials using the viral vector in 4.0 be conducted? YES O 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? YES O NO O

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? YES O NO O

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 SUPER ANTIGEN.

9.2 What is the LD_{50} (specify species) of the toxin? ≃ 2 PICOMOLES.

which one? details storage source amount — how to be used?? since in fo not in summary.

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 ○

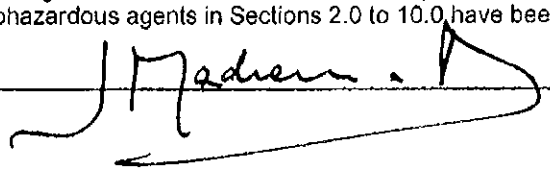
If **YES**, Permit # _____

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 

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. 1O 2Ø 3O

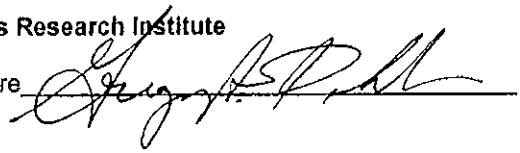
12.2 Has the facility been certified by Biosafety Subcommittee Chair for this level of containment?

YES Ø NO O

If **YES**, give date: ~~NOV 25/2004~~ March 15, 2005 and permit number: ~~P-10863~~ 2005-03-(2.05).

13.0 Approvals

Robarts Research Institute

Signature  Date Oct 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.