AIMS Mass Spectrometry Laboratory Biohazard Screening

The AIMS Mass Spectrometry Laboratory has no Biocontainment Level designation as defined by the Canadian Biosafety Standard 2nd Edition, 2015 (https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines/second-edition.html). Therefore, all samples of biological origin must be free from pathogens and inactivated prior to submission for analysis. The purpose of this form is to capture relevant project information relating to all samples entering the AIMS Laboratory of biological origin and to delineate appropriate sample pretreatment procedures to be followed for biohazard inactivation.

Principal Investigator

Institution

Department Position

Mailing Address

Email

Telephone (office) Telephone (lab)

Anticipated start and conclusion dates of analysis:

Description of Project: Provide details related to the biological agent (*eg.* sample type, species or origin) in the sample to be analyzed. Please limit to one paragraph.

Has this project been reviewed by your Institutional Biosafety Committee for samples of human or animal origin? ○ Yes ◉ No

If yes, please give the Biosafety level assigned and provide documentation.

Does the sample contain any known infectious agents? ○ Yes ○ No ○ Unknown

If yes, please list the agents:

Are these samples of human origin? ○ Yes ○ No

If yes, were the donors screened for blood-borne pathogens (HIV, etc.)? ○ Yes ○ No

Has the infectious agent been inactivated? ○ Yes ○ No ○ Unknown ○ Not Applicable

If yes, describe the inactivation method:

Were cells transformed using a virus such as EBV, HTLV-1, etc.? ◯ Yes ◯ No

If yes, list virus:

Were cells genetically engineered? ◯ Yes ◯ No

If yes, how were they engineered? Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus, etc.) List the virus and give a brief description of the system used.

SIGNATURES

The Principal Investigator and the Institution's Biosafety Officer must sign below:

As the Principal Investigator on this project, I declare that I am familiar with the Canadian Biosafety Standards guideline (https://www.canada.ca/en/public-health/services/canadian-biosafety-standards-guidelines.html) and that the project details above describe my research program, insofar as this includes the use of hazardous biological agents and materials. I will ensure that all procedures performed under the project will be conducted in accordance with all relevant University, provincial, national and international policies and regulations that govern research involving biological agents. Any major deviation from the project as originally approved will be submitted to the Biosafety Chair for approval prior to its implementation.

Name of Principal Investigator | Signature | Date

As the **Biosafety Officer**, I am aware of the proposed activity. The staff member will follow guidelines and procedures which ensure compliance with all relevant University, provincial, national and international policies and regulations that govern research utilizing biological agents.

Name of Biosafety Officer | Signature | Date

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Select One: (AP = Approved CA = Conditionally Approved RS = Review and Resubmit)

◯ AP ◯ RS

University Biosafety Officer

Date

◯ AP ◯ CA ◯ RS

University Biosafety Committee Chair or Appointee

Date

Conditions and Comments:

Approval No: Containment Level: Expiry Date: