

BIOHAZARD CLEARANCE FORM

(PLEASE TYPE)

The Centre for Research and Applications in Fluidic Technologies (CRAFT) is a multi-user facility that analyses and/or sorts samples from various sources in Biosafety Level II laboratories. The safety of staff and users of the facility is of ultimate concern; therefore, information regarding sample sources and infectious agents is critical for effective Biosafety risk assessment. All users (internal/external) must obtain CLEARANCE approval from the University of Toronto's Biosafety Office prior to applying for use of the facilities.

SECTION A

Principal Investigator _____ Personnel No. _____

Institution _____

Department _____ Rank/Position _____

Mailing Address _____

Email: _____

Office Tel: _____ Lab Tel: _____ Home Tel: _____

SECTION B

Member Performing Expt _____ Personnel No. _____

Institution _____

Department _____ Rank/Position _____

Mailing Address _____

Email: _____

Office Tel: _____ Lab Tel: _____ Home Tel: _____

Project Title: _____

Anticipated start and conclusion dates of experiment: _____ to _____

Description of Project: Please provide details to cells (name, species, origin), and describe the steps/procedures including decontamination steps. Please limit to one paragraph.

Has this project been reviewed by the Institutional Biosafety Committee for human material or for cells of animal origin? Yes No

If yes, please give the BSL level assigned and provide documentations.

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 bloodborne pathogens (HIV, etc.)? Yes No

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

If yes, describe the inactivation method.

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

If yes, list virus.

Biopermit No. _____ Expiry Date _____

Were the 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.

SECTION C

The Principal Investigator, staff member performing the experiment 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 Standard – current edition**, and that the above describes my research program, insofar as this includes the use of hazardous biological agents and materials, in its entirety. 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.

Principal Investigator Name (print)

Signature

Date

External users with a biopermit: 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 (print)

Signature

Date

As the **Researcher performing the experiment**, I declare that I am familiar with the **Canadian Biosafety Standard – current edition**, and 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 Researcher (print)

Signature

Date

Biosafety Office Use Only

Select & Circle: AP (Approved); CA (Conditionally Approved); RS (Review and Resubmit)

AP / CA / RS

AP / CA / RS

Conditions and Comments:

University Biosafety Officer

University Biosafety Committee
Chair or Appointee
(If user has **NO** biopermit)

Date

Date

Approval # _____

Cont. Level _____

Expiry _____