**Animal Sample Registration**

**(Animal Tissue, Fluids and Cell Lines Experiments)**

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| **SECTION A** Principal Investigator and Personnel Information (please type) | | |
| ***P.I. Name*:** | ***Title*:** | ***Dept*:** |
| ***Phone No*:** | ***Lab Phone*:** | ***Mail code:*** |
| ***Building and Lab Room No(s)*:** | **E-mail:** | |
| ***Title of the protocol:*** | | |
| **The Principal Investigator is responsible for: (please initial each statement)**  Training of personnel on how to correctly work with animal cell/tissue cultures.  Limiting access to authorized users.  Minimizing the possibility of inadvertent ingestion or inhalation and direct skin contact, eye contact, or accidental inoculation with the cells or tissue cultures.  Reporting any adverse events, such as exposures or injuries, immediately to the Biosafety Office.  \_ \_ \_ Principal Investigator (Signature) Date  \_ Institutional Biosafety officer Date  Please send Registration to: Institutional Biosafety Officer (IBO), North South University, Office of Research-NSU.  Email- [bio.safety@northsouth.edu](mailto:bio.safety@northsouth.edu) | | |

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| **Section B** Experimental Design |
| Briefly describe experimental design: |
| Types of Manipulations:   * Centrifugation  Bleeding/Mixing  Dissection  Sonication  Pipetting * Other \_ |
| *Origin of samples: \_ \_ \_*  *If samples are purchased from ATCC provide ATCC number \_* |
| *Are the samples harvested or collected from animals infected with a pathogen?*   * No  Yes If yes, please list \_\_ \_ \_ |

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| **Section C** Use of live animals |
| Will live animals be used for this project?  No  Yes IACUC protocol # \_\_ |

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| **Section D** Safety Plan |
| Training Plan: |
| Personal Protective Equipment (PPE) Required:   * Lab coat Gloves  Goggles  Safety glasses  Closed-toe shoes  Long pants * Respirator (specify) \_  Face mask * Other \_ |
| Containment Equipment:  *Is containment equipment available in the laboratory?*  No  Yes  *Containment equipment used for this project:*   * Biological Safety Cabinet Location:\_ Last Certified: * Fume Hood  Containment Centrifuge  Other \_ |
| Handling of Biohazardous Waste:  Liquid-Solid-  Spill Cleanup Procedures: |
| Will the samples be shipped?  No  Yes |