Biosafety Standard Operating Procedures – Plasmid Addition

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| --- | --- |
| **Principal Investigator:** Click or tap here to enter text. | **IBC Protocol Number:** Click or tap here to enter text. |
| **1.0 Agent and source:** Click or tap here to enter text. | Click or tap here to enter text. |
| **Plasmid(s) added:** Click or tap here to enter text. | **Source (i.e.: Addgene, ATCC, obtained from collection,**  **etc.):** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

* 1. Biosafety Level: BSL1 BSL2  BSL2+
  2. Provide the link(s) to the source(s) listed above:

Click or tap here to enter text.

* 1. If applicable, provide any known oncogenes, toxin-production or eukaryotic viral nucleic acids in the vectors/plasmids:

Click or tap here to enter text.

* 1. Will modifications be made, if yes, please describe:

Click or tap here to enter text.

* 1. Identification of Plasmid product(s):

Click or tap here to enter text.

* 1. Host(s) to be used (ie: human cells, mouse cells etc.):

Click or tap here to enter text.

* 1. Additional comments (if necessary):

Click or tap here to enter text.

|  |  |
| --- | --- |
| *1.8* **Cloned DNA Information (species and strain from which derived):** | **Function of gene:** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

1. **Training Requirements**

LSE Training: It is mandatory all lab personnel complete **Laboratory Safety Essentials** per *HSC OP 75.01 TTUHSC Safety Programs and the IBC Bylaws*, by checking “I Agree” you are confirming that all personnel handling this/these microorganisms have been appropriately trained in its use and emergency procedures related to accidents and/or exposure events.

**I Agree**

* 1. Are there any relevant vaccines to declare? Yes No

List vaccines here if Yes: Click or tap here to enter text.

* 1. Describe protocol to be followed for accidental exposure to agents listed above: ***REPORT ALL EXPOSURES.*** *Please include incubation period, communicability, surveillance, first aid/treatment, drug resistance, drug susceptibility, and prophylaxis for EACH viral vector or virus.*

Click or tap here to enter text.

1. Describe the procedures used with EACH plasmid and/or vector and the amount(s) to be used per procedure: *(Descriptions should include how it is grown, experiments, and volumes. Excess of 10L in one vessel for some viral vector and/or viruses may require BSL3 contact Safety Services for risk assessment)*

Click or tap here to enter text.

* 1. Procedures will (check all that apply):

Generate aerosols/dust  Involve sharps  Potentially contaminate hands or clothing

Other (Please provide an explanation): Click or tap here to enter text.

* 1. **a)** What room will EACH agent be ***stored*** in?

Click or tap here to enter text.

**b)** What room will EACH agent be ***used*** in?

Click or tap here to enter text.

* 1. What volume will be grown at one time?

Click or tap here to enter text.

* 1. How frequently will you be using each agent (e.g. daily, weekly)?

Click or tap here to enter text.

* 1. List any constraints on this material as they apply to personnel:

Click or tap here to enter text.

* 1. Personal Protective Equipment for EACH viral Vector and/or Virus. *List all PPE required to work with this/these agents; if not applicable state N/A:*

Click or tap here to enter text.

* 1. **Administrative & Engineering Controls:**

**a)** Describe processes or procedures **ESTABLISHED BY THE PI** for the purpose of reducing personnel exposure:

Click or tap here to enter text.

**b)** Describe any additional PPE:

Click or tap here to enter text.

* 1. Engineering Controls Containment:

Open Bench  Fume Hood  Draft Shielded Scale

Other Click or tap here to enter text.

* 1. **Animal Use:**

**YES -** *Check if used in animals, then answer questions below*  **NO -** *Check if not, skip to section 6.0*

Sharps hazard Aerosol hazard Hazards from animal waste, bedding, and/or cage handling

Physical hazard from animal/lesions on animals related to agent

5.1Describe means to mitigate hazards produced from section 5.0 for each toxin:

* + 1. Sharps Hazard: Click or tap here to enter text.
    2. Aerosol Hazard: Click or tap here to enter text.
    3. Hazards from animal: Click or tap here to enter text.
    4. Physical Hazard: Click or tap here to enter text.
  1. Describe any hazards to laboratory workers and LARC personnel *(Risks generally include: ingestion, skin puncture, contact with mucous membranes [e.g., eyes, nose, mouth], contact with non-intact skin, exposure to aerosols generated during procedures:*

Click or tap here to enter text.

1. **Waste Disposal** (Indicate what type of waste this agent will produce)*:*

Liquid Solid Contaminated Reusable Item

Animal Tissue  Animal Carcass Animal Bedding/waste/cage

Only select the above if used in animals Tissue, Carcass, Bedding/Waste/Cage)

* 1. Describe how you will dispose of EACH waste selected above for EACH microorganism:

Liquid: Click or tap here to enter text.

Solid: Click or tap here to enter text.

Unused Agent: Click or tap here to enter text.

Animal Waste: Click or tap here to enter text.

*(Specify for EACH type of Animal Waste)*

1. **Accidental Cleanup Procedures**

Describe methods to be used to address spills, including concentration and contact time of any cleaning or deactivating agents, spill kits and/or any other necessary supplies required for clean-up:

Describe appropriate PPE during clean-up:

Click or tap here to enter text.

Describe Procedure for liquid spill clean-up:

Click or tap here to enter text.