

Biosafety Assessment – Cell Sort Request Form

Purpose: To assess the potential biohazard(s) associated with any material to be sorted using a jet-in-air cell sorter (e.g., Aria, Influx, MoFlo, Vantage). This Assessment is *not required for cell analysis using Flow Cytometry*.

Institutional Biosafety Committee (IBC) approval is required for the following materials prior to submitting this Form:

- Primary or established human/non-human primate cell lines, and/or;
- Infected/transfected/transformed cell lines, and/or;
- Microorganisms (e.g., bacteria, virus, fungi, parasite)

Instructions for PI/Requestor:

- Complete Sections 1 and 2 and forward to REHS via email to: biosafety@aps.rutgers.edu (allow 5 working days for review). REHS will review, sign and return approved Form to PI/Requestor.
- Provide a signed copy of the applicable Form to the Core Facility Manager *each time* the approved material is presented for sorting. **NOTE:** Any change in the material (e.g., new transfection method) will require submitting a **new** Request Form.
- Form must be renewed upon the expiration of the related biosafety protocol, as applicable. Renew this Form through biosafety@aps.rutgers.edu when renewing your IBC protocol. Contact biosafety@aps.rutgers.edu for guidance, as needed.

1. Principal Investigator (PI) Information: (To be completed by PI)

Core Facility Location:	CINJ	EOHSI	NJMS	Other (indicate):
PI Name:				
PI Phone:			PI Email:	
Requestor Name (if different):				
Requestor Phone:			Requestor Email:	
PI Affirmation: I accept responsibility for the accuracy of the information provided on this form.				
Signature:	Date of Request:			

2. Sample Information (to be completed by PI/Requestor): Asterisked (*) items require IBC approval

Source of Sample (check all that apply):		*Human, primary	*Human, established	*Non-human primate
Mouse	*Microorganism (indicate)	Other (indicate):		
Infected:	*Yes	No	Transfected/Virally Transformed:	*Yes
If Yes, identify agent:			If Yes, identify vector/agent:	No
IBC Approval Number (if applicable):			Will sample be fixed prior to sorting?	Yes
			If yes, indicate fixation method:	No

3. REHS Use Only: Approved Form will be forwarded to respective Core Facility Manager and PI/Requestor

Biosafety Level Determination:	BSL2	BSL2 (with enhanced precautions)	BSL3
PPE Requirement (check all that apply):	Lab coat	Rear-fastening gown	Tyvek Suit
	Goggles	Surgical Mask	N-95 Respirator
			N-100 Respirator
			PAPR w/Tyvek hood
Approval #:	Expiration Date:	REHS Official Signature/Date:	