



Lighthouse Core Facility  
 Zentrum für Translationale  
 Forschung (ZTZ)  
 Breisacherstr. 115  
 79106 Freiburg

Biosafety Number:

(will be given by Core Facility)



## Biosafety Questionnaire for the Core Facility Cell Sorting Service

Flow cytometry core facilities are multi-user facilities where many different samples from various sources that may contain known or unknown human pathogens are investigated. The safety of facility personnel and users is of ultimate concern. Information about the sample sources and potentially infectious agents is critical for biosafety measures to be effective. Consequently, this sample information form must be filled out completely and signed by the laboratory director who is requesting samples to be analysed or sorted in the Core Facility before projects are started. The same biosafety questionnaire will be kept on file, provided none of the information it contains has changed.

**Laboratory Director (Principal Investigator)** \_\_\_\_\_  
date signature

Name	
Phone	
FAX	
e-mail	

### Investigator (Experimenter)

Begin of Project \_\_\_\_\_  
date signature

End of Project \_\_\_\_\_  
date signature

Name	
Phone	
FAX	
e-mail	

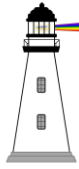
**Laboratory Location (Address):**

\_\_\_\_\_

**Project Title (if any):**

\_\_\_\_\_

\_\_\_\_\_



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**Summary or description of project:**

Provide details related to cells that will be analyzed or sorted. Limit to one paragraph.

**List type of sample and source**

(i.e. human peripheral blood mononuclear cells, cells from an animal engrafted with human cells etc.)

**Primary cells derived from mice**

YES

NO

**List facility where mice were kept:**

<b>Has the infectious agent been inactivated or rendered non-infectious ?</b>		
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
Briefly describe method of inactivation (Fixation etc.).		
<b>Does the sample contain any genetically modified organisms (GVOs)?</b>		
<b>→ Gentechnikgesetz</b>		
<b>YES</b> <input type="checkbox"/>		<b>NO</b> <input type="checkbox"/>
<b>genetically modified organisms (GVOs)</b>		
RG1		RG2
<b>YES</b>	<b>NO</b>	<b>YES</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please contact Dr. Dörte Ortman, BBS (SSI), 2034303		Please contact Dr. Dörte Ortman, BBS (SSI), 2034303

<b>Has the infectious agent been inactivated or rendered non-infectious?</b>		
<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	
Briefly describe method of inactivation (Fixation etc.).		
<b>Does the sample contain any live, replication competent organisms pathogenic for humans?</b>		
<b>→ Infektionsschutzgesetz</b>		
<b>YES</b> <input type="checkbox"/>		<b>NO</b> <input type="checkbox"/>
untested, primary human samples (e.g. HIV, HBV, HCV)		Tested, primary human samples (e.g. HIV, HBV, HCV)
RG2		RG3/RG3**
<b>YES</b>	<b>NO</b>	<b>YES</b> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Results:
Please contact Dr. Dörte Ortman, BBS (SSI), 2034303		Please contact Dr. Dörte Ortman, BBS (SSI), 2034303

**Have the cells been tested for mycoplasma infection?**  
**YES**  **NO**