Mandatory OMAL Tissue and Live Cell Information Sheet

**To be filled out and signed by the Requestor**.

# Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Protocol: [ ]  Yes [ ]  No Request Number: \_\_\_\_\_\_\_\_

# If previously accepted protocol, date of experiment:

## Requested service: [ ]  Imaging on OMAL microscope [ ]  Assistance from OMAL staff [ ]  Short-term storage [ ]  Passaging [ ]  Treatment [ ]  Disposal

Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For the safety of OMAL staff and investigators we regret that we will not accept unfixed cells infected with known human pathogens. This includes samples infected with replication competent HIV and/or SARS-COV-2. Such cells are acceptable if fixed in 1% to 4% paraformaldehyde or in 70% ETOH before arrival at an OMAL lab. However, we will accept cells that are transduced with second or third generation lentivirus, retrovirus or adenovirus. We will not accept samples that are potentially infected with prions. We will not accept radioactive samples. We will not accept samples that require a level above BSL-2.

Primary and secondary containers should be used for transporting material to and from OMAL.

1. Cell type and/or name of cell line:

2. Species of Origin

 [ ]  Human

 [ ]  Mouse

 [ ]  Non-human primate

 [ ]  Other – Specify:

3. Are the cells known not to be infected with potential human pathogen (includes infectious forms of HIV or SARS-COV-2)?

 [ ]  Yes [ ]  No

Specify tests and results:

If yes, you must fix the sample (see above) before bringing the sample into an OMAL lab.

4. Have the cells been screened for pathogens other than those noted above in 3?

[ ]  Yes [ ]  No

Specify tests and results:

5. Are your samples human tissue?

[ ]  Yes [ ]  No

If yes, provide documentation showing that the sample is negative for SAR-COV-2 and / or HIV or documentation describing specifically how the sample was fixed. (For example, a satisfactory protocol for fixing tissue less than 1 mm thick is by application of 8% freshly prepared formaldehyde in an equal volume to the sample for 1 hour at room temperature.)

6. Are your samples animal tissue?

[ ]  Yes [ ]  No

If yes, attest that the sample is negative for SAR-COV-2 and / or HIV or provide documentation describing specifically how the sample was fixed. (For example, a satisfactory protocol for fixing tissue less than 1 mm thick is by application of 8% freshly prepared formaldehyde in an equal volume to the sample for 1 hour at room temperature.)

7. Have the cells or tissue been infected, transfected, or transduced with a viral vector? If so indicate below:

[ ]  Human Lentivirus vector (How many plasmids make up your system 1, 2, 3, 4 or more-Circle)

[ ]  Non-primate lentiviral (e.g., FIV, EIAV) lentiviral vector (How many plasmids make up your system 1, 2, 3, 4 or more-Circle)

[ ]  Non-human primate (e.g., SIV) (How many plasmids make up your system 1, 2, 3, 4 or more-Circle)

[ ]  Murine retroviral vectors (Please name the parent vector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 Is your retrovirus vector Ampotrophic, Ecotrophic or Xenotrophic (Circle one)

[ ]  Adenovirus vector

[ ]  Other viruses (e.g. HPV 18). Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to any part of question 7, please answer the following:

 Have the samples been in contact with / contain adenoviruses / lentiviruses? [ ]

 If yes,

1. How long ago was the material exposed to adenoviral/lentiviral vectors/viruses? \_\_\_\_\_\_
2. Has the material been passaged in animals? [ ]

8. Does your viral vector encode, or affect the expression of disease promoting proteins (including oncogenes, suspected oncogenes, protooncogenes) or shRNA targeting disease diminishing genes (including anti-oncogenes)?

[ ]  Yes [ ]  No [ ]  N/A

9. Is the viral vector replication incompetent?

[ ]  Yes [ ]  No [ ]  N/A

If yes specify why and how this was verified:

10. Do the cells or tissue produce a foreign protein product due to transfection, infection, or transduction?

 [ ]  Yes [ ]  No

 If so, are there any potential hazards associated with the foreign protein?

11. Are there any potential chemical hazards in the sample? (i.e. DNA intercalating dyes, Paraformaldehyde, suspected mutagens or carcinogens)

 Specify :

12. Will the cells or tissue be treated while in the OMAL laboratory? If yes, specify the compounds used:

 Fixation:

 Antibody Labeling:

 Exposure to a natural compound (e.g. cytokine, hormone):

 Exposure to an artificial compound (e.g drug or potential drug):

 Other:

 Provide the MSDS or the URL link to the MSDS for the compounds listed above.

13. Is the material being provided to OMAL (cell lines manipulated with virus, etc.) covered by an active IBC?    [ ]

IBC Registration #:

Print Requestor’s Name:

Telephone extension:

Print Principle Investigator’s Name:

Principle Investigator’s Signature:

Principle Investigator’s Telephone extension: