



**Molecular & Cellular Immunology Core Facility**  
 John A. Burns School of Medicine | University of Hawai'i at Manoa



<b>PI:</b>	<b>Department:</b>	<b>College/School:</b>
<b>Address:</b>		<b>Grant #:</b>
<b>Date:</b>	<b>Phone Number:</b> -office: -cell:	<b>E-Mail:</b> - UH email: - other:
<b>PI Designee:</b>	<b>Phone Number:</b> -office: -cell:	<b>E-Mail:</b> -UH email: -other:

CELL TYPES FOR ANALYSIS			
Species:	Cells from potentially infectious source?	Pathogen Risk Group (RG):	Biosafety Level?
	YES		
	NO		
<p align="center"><b>All samples requiring BSL-2 measures are permitted to be analyzed ONLY on the FACS Aria.            All other samples MUST be able to be handled under BSL-1 conditions.</b></p>			
<b>Fixed cells from prior infectious source?</b>		<b>Please indicate fixative used:</b>	
YES			
NO			

**It is the P.I.'s responsibility to insure that the fixation used is suitable to render the samples non-infectious. Validation may be required of the procedure. For more information on protocols, please contact the operator and/or core director.**

ANALYSIS OF GENETICALLY MANIPULATED CELLS	
<b>Are the cells to be analyzed genetically engineered or manipulated?</b> YES NO	<b>If yes, is a gene therapy virus (e.g. adenovirus, retrovirus, lentivirus, herpesvirus) employed? Please indicate and specify:</b>
<b>Viral vector (e.g. LentiMax):</b>	<b>Is a helper virus also used? If so, please indicate and specify:</b>
<b>Nature of insert(s):</b>	
<b>Replication incompetent?</b> YES NO	<b>Capacity of virus to infect human cells:</b> YES NO
<b>Are transduced cells passaged at least 3 times prior to analysis?</b> YES NO	<b>Are cells transfected with plasmids?</b> YES NO

<b>Nature of insert (s):</b>	<b>Biosafety Level?</b>
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HUMAN SAMPLES	
<b>Source of cells:</b>	<b>Were patients tested for HIV, Hepatitis, HTLV, EBV, or other pathogens?</b>
CELL LINES	
<b>Were the cell lines transformed by, or carry, any known viral pathogens?</b>	<b>If not tested, please indicate:</b>

INSTITUTIONAL REVIEW BOARD (IRB)/INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)		
<b>IRB approval:</b> YES  NO	<b>If yes, IRB protocol number (s):</b>	<b>If exempt, please explain and attach copies of the exemption documents:</b>
<b>IBC protocol number (s):</b>		<b>Approval Date/Expiration Date:</b>

Samples requiring BSL-3 or BSL-4 conditions **CANNOT** be handled under any circumstances in this facility.

#### ACKNOWLEDGEMENT

Authorization:

All members of the Flow Cytometry Core Facility who have signed the list below are approved for entry into this core laboratory while work with BSL 2 agents is in progress. HOWEVER, only those persons who have attended the OSHA Bloodborne Pathogens lecture or are otherwise specifically trained (e.g., the University Biosafety Officer provides a short training program) may perform work with samples or cell cultures in this core facility. Anyone who uses this core facility, must sign the disclaimer below.

**Citations in Publications:**

**Use of this core facility should be acknowledged in publications, abstracts, posters and oral presentations.**

**The suggested verbiage is:**

*“Some of the services for this research were provided by the Molecular and Cellular Immunology Core, which is supported in part by grant P30GM114737 from the Centers of Biomedical Research Excellence (COBRE) program of the National Institute of General Medical Sciences, a component of the National Institutes of Health.”*

Disclaimer:

I, the undersigned, understand that some materials handled in the MCI core may be BSL-2 agents and might be infectious to humans. During manipulation of such agents, only people wearing authorized protective gear such as a N95 mask and other required PPE, which need to be provided by the PI, are allowed to be present in the MCI core facility. Further, I have read and understood the general lab rules for the MCI core, MCI core cancellation policy, and agree to attend the required Bloodborne Pathogens lectures and provide such certification prior to handling samples in the core facility.

Print Name (PI)	Signature	Date
Print Name (PI Designee)	Signature	Date
Print Name (Operator)	Signature	Date