



## Flow Cytometry and Cell Sorting Facility Biosafety Questionnaire

### Sample Information Form

Staff Use Only:

Biosafety Level	BSL1 BSL2 BSL2+	
Investigator Name		Phone number
Email		Lab location
Comments		

The Caltech Flow Cytometry Cell Sorting Facility is a multi-user facility where many different samples from various sources are analyzed and/or sorted. These samples may contain unknown pathogens. The safety of our staff and our users is of ultimate concern. Different areas and instruments in the facility have various biosafety level certifications. Thus, we must have information about the your samples, source materials, and treatments in order to determine their risks and BSL levels. Please fill out the form below as completely as you can. It must be signed by the investigator who accepts responsibility for the experiment, prior to initiating appointments. This form will be kept on file in the facility and may be used for additional experiments provided none of the information contained within it has changed. Please send it to Rochelle Diamond - diamond at caltech.edu. If you have never used our facility before or have trouble filling out this questionnaire, a consultation by our staff will be required prior to scheduling any appointments. Appropriate biosafety approval of experiments prior to use of the facility is required. Failure to obtain approval may jeopardize future use of the facility. BSL2+ cell sorting is available in our satellite facility in Church. Users must adhere to safety requirements posted outside that facility.

### Sample Information Form

#### Project Information:

Description of the project:

Investigator Name		Phone number/Lab location/Email Address
Project Title		
Sample Name		
Reviewed by Institutional Biosafety Committee	Yes No	BSL level and approval number
Cell Type:	e.g. PBMC, lymphocyte	
Cell/Sample Source:	e.g. mouse, human, bacteria, plant, fungi, parasite, other	
Live or Fixed		If fixed, describe reagent and protocol. List fixative and concentration and exposure time.
Any Infectious Agent?	Yes No eg. Mycoplasma, viruses	If yes, give date of last test and test results.
Genetically engineered?	Yes No	If yes, describe
Transformed with Virus?	Yes No	If yes, describe method for determining no live virus remains in the culture (eg, there have been at least seven culture passages after infection in the laboratory)
Oncogene or toxin Expression?	Yes No	If yes, describe and provide details
Downstream Application?	Culture/Transplant or Genomics	
Adherent or suspension source?		Method of single cell suspension?

Suspension solution		
Number of samples		Cell number in sample(s)
Number of populations to sort		# of cells to collect, All or #
Lowest frequency to sort (% total cells)		
Fluorochrome/ Antibodies - number and type		
Additional Comments		

**I have read and answered the above questions and certify the information provided to be correct. If any changes are made to my experiment, I will update this Biosafety sheet reflecting those changes and resubmit it to the facility director, Rochelle Diamond at [diamond@caltech.edu](mailto:diamond@caltech.edu)**

**Signature of Researcher:**

**Date:**

**Signature of Principal Investigator:**

**Date:**