Simches Flow Cytometry Core Facility
Massachusetts General Hospital

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Biosafety Assessment – BSL2+ Amendment Form

Purpose: To amend an existing BSL2+ assessment form. This form is for minor changes to an existing project. Major revisions require submission of a new BSL2+ questionnaire.

As a reminder: information about the sample sources and potentially infectious agents is critical for effective biosafety measures. Consequently, this amendment form must be filled out and signed by the Principal Investigator who is requesting samples to be analyzed or sorted in the Flow Cytometry Core Facility **before** experiments or projects are started. The amendment will be attached to the original biosafety assessment questionnaire on file provided the changes are minor updates. It is the responsibility of the Principal Investigator to make sure that an up-to-date questionnaire is on file. **Failure to do so may jeopardize future use of the facility.** Any requests to run/sort undocumented samples will be denied.

Please complete and submit this form to the HSCI-CRM Flow Core:

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

PI Name:
PI Email:

Current FAN:

Change being made (please select one):

- Addition of lab members to the project
- Cell line being used
- Primary tissue being used
- Source of cells/tissue
- Pathogen/microorganism being used
- IBC approval #/new expiration date

Please enter details below:

IBC approval number _____ Expiration Date_____

Safe use of the Flow Cytometry Core Facility relies upon cooperation between the staff and investigators who use the facility. Thank you for helping in this endeavor. As cell types, pathogens, and/or biohazard information change, update accordingly and resubmit this form. Appropriate consultation with Flow Cytometry Core Facility staff needs to occur in a timely manner to ensure the safety of staff and facility users.

PI Affirmation: I accept responsibility for the accuracy of the information provided on this form.

_____ _____

Signature (Principal Investigator) Date

Facility Use only

Comments:

Facility Approval # (FAN):

Safety Office:

Facility staff:

Date: