RUTGERS
Rutgers Environmental Health and Safety

Biosafety Assessment – Cell Sort Request Form

Purpose: To assess the potential biohazard(s) associated with any material to be sorted using a jet-in-air cell sorter (e.g., Aria, Influx, MoFlo, Vantage). This Assessment is *not required for cell analysis using Flow Cytometry*.

Institutional Biosafety Committee (IBC) approval is required for the following materials prior to submitting this Form:

- Primary or established human/non-human primate cell lines, and/or;
- Infected/transfected/transformed cell lines, and/or;
- Microorganisms (e.g., bacteria, virus, fungi, parasite)

Instructions for PI/Requestor:

- Complete Sections 1 and 2 and forward to REHS via email to: **biosafety@rutgers.edu** (allow 5 working days for review). REHS will review, sign and return approved Form to PI/Requestor.
- Provide a signed copy of the applicable Form to the Core Facility Manager *each time* the approved material is presented for sorting. **NOTE:** Any change in the material (e.g., new transfection method) will require submitting a **new** Request Form.
- Form must be renewed upon the expiration of the related biosafety protocol, as applicable. Renew this Form through biosafety@rutgers.edu when renewing your IBC protocol. Contact biosafety@rutgers.edu for guidance, as needed.

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

Core Facility Location: ☐ CINJ ☐ EOHSI ☐ NJMS ☐ Other (indicate):

PI Name:

PI Phone: **PI Email**:

Requestor Name (if different):

Requestor Phone: **Requestor Email**:

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

Signature: **Date of Request:**

2. Sample Information (to be completed by PI/Requestor): Asterisked (*) items require IBC approval

Source of Sample (check all that apply): ☐ ***Human, primary** ☐ ***Human, established** ☐ ***Non-human primate**
☐ Mouse ☐ *Microorganism (indicate) ☐ Other (indicate):

Infected: ☐ *Yes ☐ No **If Yes, identify agent:**	**Transfected/Virally Transformed:** ☐ *Yes ☐ No **If Yes, identify vector/agent:**
IBC Approval Number (if applicable):	**Will sample be fixed prior to sorting?** ☐ Yes ☐ No **If yes, indicate fixation method:**

3. **REHS Use Only: Approved Form will be forwarded to respective Core Facility Manager and PI/Requestor**

Biosafety Level Determination: ☐ BSL2 ☐ BSL2 (with enhanced precautions) ☐ BSL3

PPE Requirement (check all that apply): ☐ Lab coat ☐ Rear-fastening gown ☐ Tyvek Suit ☐ Double gloves
☐ Goggles ☐ Surgical Mask ☐ N-95 Respirator ☐ N-100 Respirator ☐ PAPR w/Tyvek hood

Approval #: **Expiration Date:** **REHS Official Signature/Date:**