

REGISTRATION FOR HUMAN CELL LINE USE

The Ohio State University Institutional Biosafety Committee

Office of Responsible Research Practices (ORRP)
300 Research Foundation Building, 1960 Kenny Road, Columbus, OH 43210
Phone: (614) 688-8457 Fax: (614) 688-0366 www.orrp.osu.edu

OFFICE USE	DATE RECEIVED:
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OSU PROTOCOL NUMBER:

This form only applies to research in which the **ONLY** biohazards are established human cell lines. Research involving human cell lines plus recombinant DNA, infectious agents, primary human cells, or biological toxins will require a submission different IBC application forms. The appropriate forms can be found at <http://orrp.osu.edu/ibc/forms/>.

PROJECT TITLE

PRINCIPAL INVESTIGATOR (or Advisor)
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Name (Last, First, MI):	Degree(s):
University Academic Title:	College:
Department Name:	Department #:
Campus Mailing Address:	OSU ID Number (8 digits):
E-mail:	Fax:
Phone:	Emergency phone:

HUMAN CELL LINES

- List all human cell lines that will be used in the proposed research and their source, including all human cell lines purchased from a commercial vendor (example: American Type Culture Collection):

- Describe the general use of the cell line(s) that are listed above:

PERSONNEL TRAINING

- All individuals working with human cell lines are required to successfully complete Bloodborne Pathogen Training found online at <https://www.ohio-state.edu/index.asp?PAGE=ehs.training>. Check the box indicating you and lab personnel are compliant with the following statement:
 →My staff has completed Bloodborne Pathogen training prior to work and will complete an annual refresher training thereafter.
- In addition to the Bloodborne Pathogen training, describe in detail the initial and/or annual training to be given to research personnel (training must be documented in writing and updated annually):

MEDICAL SURVEILLANCE

5. All individuals working with biohazards are required to be enrolled in a medical surveillance plan. It is mandatory to complete the Occupational Health Registry form found online at <https://rf.osu.edu/secure/ochre>. Check the box indicating you and lab personnel are compliant with the following statement:

→ All laboratory personnel working with biohazards has completed the Occupational Health Registry form online and will follow up with Employee Health for medical surveillance as required.

→ **I acknowledge and understand the above statement and have made them available to all staff and personnel.**

Any deviation from these procedures should be described below.

LABORATORY SAFETY

6. Check the box indicating you and lab personnel are compliant with the following statement:

→ My staff and I agree to use the [Biosafety Level 2 practices and procedures](#) described in [Biosafety for Microbiological and Biomedical Laboratories \(BMBL\) 5th Ed.](#)

→ **I acknowledge and understand the above statement and have made them available to all staff and personnel.**

7. Check the box indicating you and lab personnel are compliant with the following statements:

→ All laboratory personnel acknowledge the use of the spill procedures as referenced in the Institutional Laboratory Biosafety Manual (<https://www.ehs.ohio-state.edu/docs/biosafe/biosafemanual.pdf>).

→ All laboratory personnel acknowledge that biohazard spills will be cleaned using 10% solution of bleach (1 part sodium hypochlorite : 9 parts water) with a minimum contact time of 30 minutes. An equivalent USEPA registered disinfectant that is also tuberculocidal, may also be used in accordance with the manufacturer’s specifications.

→ All materials will be disposed of as infectious waste per OSU policy.

→ **I acknowledge and understand the above statements and have made them available to all staff and personnel.**

Any deviation from these procedures should be described below.

LABORATORY SPACE

8. Where will the research be conducted?

Building	Room Number	Date of Last Site Inspection
		<Enter Date>
Indicate the maximum containment level for which the laboratory has been inspected:	BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> BSL-3 <input type="checkbox"/>	
		<Enter Date>
Indicate the maximum containment level for which the laboratory has been inspected:	BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> BSL-3 <input type="checkbox"/>	
		<Enter Date>
Indicate the maximum containment level for which the laboratory has been inspected:	BSL-1 <input type="checkbox"/> BSL-2 <input type="checkbox"/> BSL-3 <input type="checkbox"/>	

9. Does the laboratory contain:

- a. Centrifuge with gasketed safety cup/rotors?
- b. Biosafety cabinet?

YES NO
 YES NO

If yes, please complete the table below for each unit:

	Manufacturer	Model #	Serial #	Building	Room #	Date last certified
a.						
b.						
c.						
d.						

10. Locations

Type of location	Location (s)	Room(s)
Laboratory		
Fume hood		
Autoclave		
Biohazard storage		
Waste storage		

11. Laboratory Safety Practices: Check the items that your laboratory contains:

- | | |
|---|---|
| <input type="checkbox"/> Fire evacuation route | <input type="checkbox"/> First aid kit |
| <input type="checkbox"/> Access to MSDSs of hazardous chemicals used | <input type="checkbox"/> Glass waste receptacle |
| <input type="checkbox"/> Arthropod control program | <input type="checkbox"/> List of potentially hazardous agents |
| <input type="checkbox"/> Chemical Hygiene Plan | <input type="checkbox"/> Organic waste receptacle |
| <input type="checkbox"/> Controlled entry | <input type="checkbox"/> Posted Emergency Contacts |
| <input type="checkbox"/> Access to <i>Institutional Laboratory Biosafety Manual</i> | <input type="checkbox"/> Rodent control programs |
| <input type="checkbox"/> Copy of <i>NIH Guidelines</i> | <input type="checkbox"/> Sharps receptacles |
| <input type="checkbox"/> Disinfectant | <input type="checkbox"/> Sinks for hand washing |
| <input type="checkbox"/> Emergency shower | <input type="checkbox"/> Spill kit |
| <input type="checkbox"/> Eye wash station | <input type="checkbox"/> Universal Biosafety Sign |
| <input type="checkbox"/> Fire extinguisher | |

KEY PERSONNEL

N/A

12. Identify the personnel involved in the project (including students, temporary help, pharmacy, etc.) and their respective responsibilities. The individual's signature on this page indicates that the person has been informed of the hazards of working with the agent(s) covered by this protocol, have been offered appropriate prophylaxis, and have been instructed in this work as stated in this document.

Name (Last, First, MI): Department :
Title: OSU ID Number (8 digits):
E-mail: Phone:
Project Responsibilities:

Signature:

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