

BIOSAFETY SCHEDULE B: HANDLING AND/OR CULTURE OF MAMMALIAN CELLS, TISSUES, AND/OR ORGANS REQUIRING \geq BSL-2 CONTAINMENT
 (This includes human and non-human primate blood, fluid or tissue specimens, but excludes those experiments involving non-exempt recombinant DNA documented in Schedule A)

Species of origin	Cells/Tissues/Organs/Specimens <small>(If possible, cluster similar items together by species and/or risks they present. For established cell lines, provide examples of cell lines within each grouping—comprehensive lists are not required unless they may present additional risk considerations.)</small>	Primary (fresh) material*	Established and characterized cell lines (e.g. from ATCC)	High likelihood of being infected or infectious	Genetically engineered	Potentially tumorigenic	Will these be cultured?
Human	Cell lines (e.g.: 293T, MCF-7, HUVEC)		X			X	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Human	Blood, serum and buccal specimens from HIV-infected patients	X		X			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you will be handling primary (fresh) human or non-human primate material, all personnel will be required to complete the Georgia Board of Regents Blood-Borne Pathogen Right-to-Know Training module. See instructions for further details.*

- List approximate maximum volume(s) of these agents handled or cultured at any one time. Note: if any cultures are ≥ 10 liters, please include Schedule C in application.

- Describe any procedures to be performed which may be associated with an increased potential risk of exposure of personnel (e.g. increased risk of exposure may be associated with generation of splashes, sprays or aerosols from centrifugation, sonication, homogenization, vortexing, FACS, use of sharps (needles or glass), cage cleaning, intranasal inoculation of animals, etc. Management of these risks should be addressed in the PI's laboratory-specific SOPs.)

3. Will you be introducing these biological agents into animals*? Yes No

If “yes, you will also need to apply for IACUC approval in addition to IBC approval before beginning your research. You will also need to include Biosafety Schedule E with this application.

4. Will you be introducing these biological agents into humans*? Yes No

If “yes”:

(a) Provide pertinent information to facilitate a comprehensive risk assessment by the IBC, such as:

- i. *The nature of the material to be introduced into the patients.*
- ii. *Method of delivery and health status of the patients*
- iii. *Frequency of administration*
- iv. *The anticipated effect of the introduction of the agent upon the patient (if known)*
- v. *The expected persistence of the agents after administration (if known)*
- vi. *How long after administration will you obtain specimens to be analyzed? What types of specimens will be obtained?*
- vii. *What types of analyses will be performed? (e.g behavioral analyses, in vivo instrumentation, blood tests, analyses of tissue biopsies?)*
- viii. *What biosafety precautions will be taken to avoid inadvertent exposure to other patients, researchers, or health care providers.*

** If you are introducing cells into humans, you will also need to apply to IRB approval in addition to IBC approval before beginning your research.*

(b) Indicate any safety tests or pathogen screening which will be performed on these cells/tissues prior to delivery into humans:

5. Will any of these experiments require MCG IRB approval? Yes No

If “yes”, have you applied for and/or received IRB approval for your research project(s)? Yes No Pending

If “yes”, indicate HAC or CCRI file number(s) and project title(s) that are covered by this BSP

6. Is your research in the Augusta VA facility? Yes No

If “yes”, please answer the following questions:

Does your research involve any MCG personnel, or transfer to MCG property? Yes No

Have you applied for and/or received VA Biosafety approval for your research? Yes No Pending

If “yes”, please indicate VA safety approval # _____

If “pending”, please indicate date of submission: _____