

## 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@ipo.rutgers.edu](mailto:biosafety@ipo.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@ipo.rutgers.edu](mailto:biosafety@ipo.rutgers.edu) when renewing your IBC protocol. Contact [biosafety@ipo.rutgers.edu](mailto:biosafety@ipo.rutgers.edu) for guidance, as needed.

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

<b>Core Facility Location:</b>	CINJ	EOHSI	NJMS	Other (indicate):
<b>PI Name:</b>				
<b>PI Phone:</b>	<b>PI Email:</b>			
<b>Requestor Name (if different):</b>				
<b>Requestor Phone:</b>	<b>Requestor Email:</b>			
<b>PI Affirmation:</b> I accept responsibility for the accuracy of the information provided on this form.				
<b>Signature:</b>	<b>Date of Request:</b>			

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

<b>Source of Sample</b> (check all that apply):		*Human, primary	*Human, established	*Non-human primate
Mouse	*Microorganism (indicate)	Other (indicate):		
<b>Infected:</b>	*Yes	No	<b>Transfected/Virally Transformed:</b>	*Yes
<b>If Yes, identify agent:</b>			<b>If Yes, identify vector/agent:</b>	No
<b>IBC Approval Number</b> (if applicable):			<b>Will sample be fixed prior to sorting?</b>	Yes
			<b>If yes, indicate fixation method:</b>	No

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

<b>Biosafety Level Determination:</b>	BSL2	BSL2 (with enhanced precautions)	BSL3
<b>PPE Requirement</b> (check all that apply):	Lab coat	Rear-fastening gown	Tyvek Suit
	Goggles	Surgical Mask	N-95 Respirator
		N-100 Respirator	PAPR w/Tyvek hood
<b>Approval #:</b>	<b>Expiration Date:</b>	<b>REHS Official Signature/Date:</b>	