

StFX Biosafety Committee

HUMAN AND NON-HUMAN PRIMATE SOURCE MATERIAL

BSF-5

All human and non-human primate source materials are considered to be potentially infectious, even if screened, and are handled at Containment Level 2 using Universal Precautions.

Principal Investigator: _____

Project Title: _____

Project Number: _____

1. Materials (*check all that apply*):

- | | |
|--|---|
| <input type="checkbox"/> Human blood and/or blood products | <input type="checkbox"/> Peritoneal fluid |
| <input type="checkbox"/> Semen | <input type="checkbox"/> Synovial fluid |
| <input type="checkbox"/> Vaginal secretions | <input type="checkbox"/> Pleural fluid |
| <input type="checkbox"/> Sputum | <input type="checkbox"/> Amniotic fluid |
| <input type="checkbox"/> Sweat | <input type="checkbox"/> Pericardial fluid |
| <input type="checkbox"/> Feces | <input type="checkbox"/> Cerebrospinal fluid |
| <input type="checkbox"/> Nasal secretions | <input type="checkbox"/> Unfixed tissues or organs, specify below |
| <input type="checkbox"/> Tears | <input type="checkbox"/> Fixed issues or organs, specify below |
| <input type="checkbox"/> Breast milk | <input type="checkbox"/> Bones or teeth |
| <input type="checkbox"/> Urine | <input type="checkbox"/> Other <i>specify</i> : |

2. Source: _____

Research subjects:

Obtained from Colleague:

Attach Material Transfer Agreement

Tissue Bank:

Other:

3. Treatment prior to receipt (e.g., fixation):

4. Screening prior to receipt and results:

5. Will the material be infected with pathogens as part of this project?

Yes No *If yes, specify:*

6. Largest amount of material used is: _____ Usual amount used is: _____

7. Is the material used in animals? Yes No *If yes, attach StFX Animal Use Protocol*

8. Will aerosols be created? Yes No *If yes, specify:*

9. Will sharps be used? Yes No *If yes, specify:*

10. Specify disinfectants that are effective against the material:

How do you verify effectiveness?

11. Disposal method:

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12. References. *Attach any references that may support this application. Attach StFX REB approval letter as well as REB approval from outside sources, if applicable.*