

## Biosafety Questionnaire

Flow Cytometry Network Biology Collaborative Center (Lunenfeld Tanenbaum Research Institute)

Date when work is to be performed: \_\_\_\_\_

Sample: \_\_\_\_\_

Cell Type: \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Email: \_\_\_\_\_

Investigator: \_\_\_\_\_

Email: Phone: \_\_\_\_\_

Risk Group Classification RG1  RG2  ([Canadian Biosafety Standard, 3rd Edition \(2022\)](#))

**\*Only if sample meets RG2 classification proceed with Questionnaire**

Sample of human origin: yes  no

Sample transformed with a virus? yes  no  specify virus \_\_\_\_\_

Has the virus been rendered non-infectious or replication deficient? yes  no

Method used \_\_\_\_\_

If cells were genetically modified – describe \_\_\_\_\_

Based on the information available to me, I certify the answers to be accurate and complete

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Please send or deliver completed form to:  
Michael Parsons  
Manager Flow Cytometry facilities/Network Biology Collaborative Centre  
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