**Biosafety Questionnaire**

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

**Date when work is to be performed**: Click or tap to enter a date.

**Sample**: Click or tap here to enter text.

**Cell Type**: Click or tap here to enter text.

**Principal Investigator**:Click or tap here to enter text.

**Email**:Click or tap here to enter text.

**Investigator**: Click or tap here to enter text.

**Email**: Click or tap here to enter text. **Phone**: Click or tap here to enter text.

**Risk Group Classification** RG1[ ]  RG2[ ]  ([Canadian Biosafety Standard, 3rd Edition (2022)](https://www.canada.ca/content/dam/phac-aspc/migration/cbsg-nldcb/cbs-ncb/assets/pdf/canadian-biosafety-standard-third-edition.pdf))

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

**Sample of human origin: yes**[ ]  **no**[ ]

**Sample transformed with a virus? yes**[ ]  **no**[ ]  **specify virus**Click or tap here to enter text.

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

**Method used** Click or tap here to enter text.

**If cells were genetically modified – describe** Click or tap here to enter text.

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

**Supervisor signature** Click or tap here to enter text. **Date** Click or tap to enter a date.

Please send or deliver completed form to:

Michael Parsons

Manager Flow Cytometry facilities/Network Biology Collaborative Centre

Mount Sinai Hospital rm. 980 (LTRI), 600 University Ave. Toronto ON

<parsons@lunenfeld.ca>416-<272-3999>