**UCSD School of Medicine Microscopy Core**

**Biosafety Authorization Form for Live Cell/Organism Work**

*Established human cell lines with no known infectious agents are allowed on the Leica SP8 with STED and Falcon following core approval. Only BSL1 material is allowed on all other systems in the core.*

*Please fill out this form completely and submit for approval. You must submit a copy of your*

*Laboratory BUA report, which lists your proposed research material.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lab Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BUA#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Microscope system for this work:**

Leica SP8 Confocal with STED and Falcon \_\_\_\_\_

Zeiss 880 Airyscan Confocal \_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sample Type:**

Established Human Cell Line: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has an infectious agent been used during sample preparation? Yes \_\_\_\_ No \_\_\_\_

**Sample preparation Details:**

*Sample preparation must be conducted in a biosafety cabinet in researchers own laboratory before being brought to the core in their sample chamber, ready for imaging. Please include full detailed protocol for sample preparation for imaging including fluorophores used.*

Samples are prepared for imaging in the following way:

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­**Sample Mounting/Medium:**

*Samples must be brought to the core in their imaging container. Please use a #1.5 glass bottom format.*

Glass bottom Well Plate \_\_\_\_

Glass bottom 35mm Dish \_\_\_\_\_

Glass bottom chamber slide \_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bio Safety Level of specimen:**

*Please confirm the biosafetly level of the specimen, which should be outlined in your BUA report*

BLS1 \_\_\_\_\_\_

BSL2 or higher \_\_\_\_\_\_

**Detailed containment / clean-up plan in the event of a spill:**

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**If BSL2 is being requested, Please agree to all conditions by initializing each line item:**

\_\_\_\_\_ This work is limited to established cell lines and organisms with no known infectious agents

\_\_\_\_\_ Preparation of samples will be conducted in a biosafety cabinet and brought to the core in

proper imaging chamber

\_\_\_\_\_ Samples will be transported to the core in secondary containment in case of a spill

\_\_\_\_\_ A copy of my laboratory BUA was submitted to the core, stating this research scope

\_\_\_\_\_ If a spill of research material occurs in the core, I will notify staff immediately

\_\_\_\_\_ If my research material changes, I will submit a new Biosafety disclosure form along with

corresponding BUA documentation

**I confirm the information in this form is completely accurate and truthful. I agree if I bring live material to the microscopy core that is not approved, I will lose access privileges. If my project or research material changes, I will promptly submit a new authorization form to the core for approval.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_