**BRIL Flow Cytometry- New Project** **Form**

The UNSW Biological Resources Imaging Laboratory (BRIL) Flow Cytometry Facility is a multi-purpose, multi-user facility for particle related research across the UNSW campus and broader Sydney research basin.

To ensure that you receive the best possible service and outcome for your project **we require that all users fill in a new user form whenever a new project is commencing.** This not only helps us keep track of a large number of users, it also helps us to tailor our services and help you complete your project goals in a timely and technically accurate manner.

**User Information**

Title:

First Name:

Family Name:

Department / School:

Telephone:

Email:

Users to be trained (please include name and zID if internal UNSW researcher)

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**Internal users only:**

Billing details (example RE159 BABS RG122589 or OP001 BABS PS122589)

Account:

Fund:

Org:

Project:

Program:

**External users only:**

Billing address -

**Principal Investigator**

Name:

Signature:

Date (dd-mm-yyyy):

Estimated Project Start Date (dd-mm-yyyy):

Expected Duration:

**Project Description**

*Including aims, expected outcomes, research outline. Use additional notes page if required*

**Equipment and Techniques**

*(if known, otherwise discussed at project meeting)*

**Additional Notes**

*Include any additional information that might be relevant, list additional users etc;*

*Used at project meeting to record outcomes and plans*

**(Administration use only)**

UNSW Flow Project Code

Project Meeting: date (dd-mm-yyyy)

UNSW Flow Staff Member authorization: date (dd-mm-yyyy)

***NB: Biosafety information details (see next pages) must be completed……***

**BRIL Flow Cytometry - Biosafety Form**

The UNSW BRIL Flow Cytometry Facility is a shared facility where samples from various sources are analysed and sorted. To ensure ongoing safety for users and operators we require that the following review be filled out completely and in detail and **signed by the laboratory Head**. This must be done prior to the commencement of experiments or projects. A hard copy of this review will be kept on file and it is the responsibility of the Principal Investigator to make sure that this record is kept up to date. All Genetically Modified Organisms (GMO’s) must have Institute Biosafety Committee (IBC) approval prior to sample submission to this facility.

**Failure to complete this review truthfully or to carry out the above may jeopardise future use of this facility.**

Date:

**Principal Investigator (Laboratory Head):**

Phone:

Email:

**Investigator:**

Phone:

Email:

**Laboratory Location:**

**Project Title (if any):**

**Summary or description of project**

(in one paragraph please provide details related to cells that will be **analysed or sorted**).

**List type of sample and source**

(i.e. mouse spleen cells, human peripheral blood mononuclear cells, environmental samples; bacteria, viruses, organic material, cells from an animal engrafted with human cells, primate cells etc). For cell lines describe cell origin

**Does the sample contain any known infectious agent(s)? Yes / No**

If yes, list agent(s)

**Has the infectious agent(s) been inactivated? Yes / No / N/A**

(If yes, describe the method of inactivation)

**Were tissue/blood donors screened for known human pathogens eg. HIV, HBV, HCV or other?**  **Yes / No / N/A**

(If yes, list test results, positive or negative)

**Were the cells transduced with a virus such as EBV, HTLV-1, herpes saimirii or any other virus? Yes / No**

(If yes, list virus relevant details)

**Were the cells genetically engineered? Describe the modified traing (Name all over expressed oncogenes, shRNA – targeted genes, Fluorescent reporters). Is this procedure covered by existing IBC approvals? Yes / No**

(If yes, how were they genetically engineered? What is the IBC approval code)

**Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus etc.) to transfer genetic information to the cells? Yes / No**

(If yes, describe the ‘packaging cell line’ method in detail, pseudotype and attach IBC approval)

**Have the cells been tested for Mycoplasma infection? Yes / No**

(if yes, describe testing method in detail)

**Has the cell line (or in the case of primary cells, identically treated cells been tested for infection (HIV, HBV, SIV etc), and/or replication competent recombinant retro/lentivirus? Yes / No**

(If yes, give number of passages since last test, method and results).

**Will the cells be fixed prior to submission to the Flow Cytometry Facility? Yes / No**

(If yes, describe the fixation procedure in detail, e.g., list fixative, concentration and exposure time.)

**Has this protocol been reviewed by the Institute OHS / Compliance Staff? Yes / No**

(If yes, Institute OHS and/or Compliance Staff comments, Bio-safety precautions necessary and signature)

I have read the above questions carefully and certify the information provided to be correct.

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Signature (Principal Investigator) ­­ Date

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Signature (Flow Facility Manager) Date