FlowKon Biosafety Information Sheet

The Flow Cytometry Centre FlowKon at the University of Konstanz is a multi-user facility where many different samples from various sources that may contain pathogens are processed. The safety of both facility personnel and facility users is of primary concern. For proper risk assessment, it is critical that all relevant information about the biohazard potential of samples that are submitted to the facility is transmitted to core personnel. This allows FlowKon personnel to determine whether the design of the facility is appropriate for the experiments that are planned.

This sample information form has been developed in accordance to the Biosafety Questionnaire for Shared Flow Cytometry Facilities established by the ISAC Biosafety Committee and must be filled out completely and signed by the Principal Investigator who is requesting samples to be analyzed or sorted at the FlowKon before experiments or projects are started.

Laboratory Director (Principal Investigator)

Name .....

Phone number .....

E-mail .....

Experimenter (Investigator)

Name .....

Phone number .....

E-mail .....

Laboratory Location (Building and Room) .....

Project title

Project start date and end date

Start: ---------- End: ---------- (or ☐ if continuous)

Summary or description of project

Please, provide details related to cells that will be analyzed or sorted; please limit to one paragraph.

List type of sample and source that will be analyzed or sorted

☐ Human ☐ Primate ☐ Mouse ☐ Rat ☐ Bacteria ☐ Other

☐ Primary Cells (Tissue/Source) ----------

☐ Cultured Primary Cells (List Tissue/Source) ----------

☐ Cell Line (Name/Designation and Origin) ----------

Will the samples contain any known infectious agent(s)?

List any known infectious agents contained in your sample including biosafety level.

☐ Yes ☐ No ☐ Unknown

Will the infectious agent be inactivated or rendered non-infectious prior to submission to the Facility?

☐ Yes ☐ No ☐ Unknown

If yes, describe protocol in detail.

Will the samples be virally or otherwise transformed or genetically engineered?

☐ Yes ☐ No

If yes, describe protocol in detail (virus type, method, number of passages post infection)

Will the samples be treated with any pharmacological agents?

☐ Yes ☐ No

If yes, list the agent

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

Date Signature (Principal Investigator)