

London Regional Microscopy Facility Access and Biosafety Information Form

RRI3281; RRI3277; RRI3260

LRMF@robarts.ca; Office RRI3279

x24151

End User Laboratory Identifier: *Do not fill shaded area. LRM Facility only*

Biosafety Identifier: *Do not fill shaded area. LRM Facility only*

Approved Approved with Conditions

The London Regional Microscopy Facility is a multi-core, multi-user facility where live animal or different tissue or cell models are viewed using widefield or confocal laser microscopes. These live animal, tissue or cell models may comprise a biosafety hazard to humans. The safety of facility staff and users is of the utmost importance. Information regarding any tissues, cells, or other sources of potentially infectious agents is critical for effective biosafety measures.

Upon receipt, the form will be reviewed by the London Regional Microscopy (LRM) Facility and will be forwarded to the Western Biohazards Sub-Committee **if further risk assessment is deemed necessary**. Upon approval, each lab will be assigned a Biosafety Identifier.

Because of the lasers embedded in the microscope systems, all users must complete the Laser Safety Training for Users (3B/4). EVOS only users may opt to take Laser Safety Awareness. All users of the LRM Facility must also have their biosafety and laboratory safety and hazardous waste certifications, and if applicable AUP or WREM approvals must be in place prior to full access being granted to the facility and booking schedule software. Separate user access forms must be completed.

Please note that access permissions can be rescinded for many reasons, including but not limited to: access without training, log-in on equipment for non-trained individuals, not following instructions or for misuse of the equipment, causing damage to the equipment, for not wearing required PPE, or for creating conditions of increased risk to self or others and the equipment.

The Biosafety Information section must be filled out completely for EACH animal/tissue/or cell model brought to this facility, BEFORE beginning any imaging. This form must be completed electronically in Adobe Acrobat. It is the principal investigator's responsibility to confirm the completeness and accuracy of each form and to return completed forms to the LRM Facility via email LRMF@robarts.ca or drop off at 3279. Modifications and certification updates must be filed with the LRM Facility in a timely fashion. Failure to update may result in loss of access to the equipment.

Required PPE for these spaces includes lab coat and safety goggles.

Required Certifications: Standard Safety Training, Robarts Orientation and Laser 3B for 3260, 3277, 3281. EVOS only users (3260) may substitute Laser Safety awareness for 3B laser training.

Training is required prior to unassisted use of any microscope and room access.

Project Title:

Summary of Project -- *Provide brief details related to the cell line/ tissue that will be imaged:*

Submission Date (YYYY-MM-DD):

Principle Investigator:

Email:

Phone:

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Has this project been approved by the appropriate institutional/safety review committee(s)?			
University Review Committee	Approved?	Protocol Number	Date Approved
Biohazard Subcommittee: UWO Biological Agents Permit Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under Review		
It is the principal investigator's responsibility to ensure that all biohazardous agents are on your lab's BAPA. If not, agents will not be allowed into the facility. Please add 3281 and or 3277 to your			
Human Ethics Protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Under Review		
AUP Protocols	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Under Review		
For more Information about Western's Biosafety policy, please visit the Biosafety website at: https://www.uwo.ca/hr/safety/topics/biosafety/index.html			

Biosafety Information:
Provide the biological containment level (BL) classification of the cell line/tissue model: <input type="checkbox"/> BL1 <input type="checkbox"/> BL2 (facility is limited to BL1 or BL2 containment level projects)
Is the cell line/tissue infected with any known infectious agents? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, list agents below:
Infectious Agent 1:
Infectious Agent 2:
Infectious Agent 3:
Could these samples contain other known human pathogens? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:

Human Ethics Approval (if applicable)
WREB Title:
PI Name if different:
AUP Approval (if applicable; add 3277 and Geoff Pickering/Chris Ellis/Stephanie Milcovich to your protocols)
AUP Title:
PI Name if different:

LRMF Access Checklist and Billing Information (for RRI3281, RRI3277 & RRI3260)

PI Name	First	Last			
Lab Contact Name	First	Last			
Lab Location	Building		Room		
Contact Phone Numbers	Office		Lab/ Mobile		
Please include additional contact information here:					
Equipment Required	RRI3281	Leica SP5 <input type="checkbox"/>	Leica Widefield TIRF <input checked="" type="checkbox"/>	Leica SP8 <input type="checkbox"/>	
		CO2 Incubator <input type="checkbox"/>			
		Restricted Use Flow Cytometer <input type="checkbox"/> <i>Select this option if users are in Dr Pasternak's lab and won't be using any microscopes, Laser Awareness training will suffice. If this changes, personnel will need to take 3B/4 laser training</i>			
	RRI3277	Nikon-Confocal-Hybrid <input type="checkbox"/>		Nikon-Confocal-Multiphoton <input type="checkbox"/>	
		Olympus Multi-Modal <input type="checkbox"/>		Moor Laser Doppler <input type="checkbox"/>	
		Animal Surgical Space <input type="checkbox"/>			
	RRI3260	Olympus FV1000 <input type="checkbox"/>		EVOS <input type="checkbox"/>	
Leica GSD <input type="checkbox"/>					
Analytical Software	Olympus Analytics <input type="checkbox"/>	Leica Analytics <input type="checkbox"/>	Nikon Analytics <input type="checkbox"/>		
Preparations	Immunohistochemistry <input type="checkbox"/>		Live Cell <input type="checkbox"/>		
	Live Tissue <input type="checkbox"/>		Microfluidics <input type="checkbox"/>		
	Live Animal <input type="checkbox"/>		Other: _____		
Laser Certifications	Please provide a full list of users (next page). Users will fill out separate forms detailing safety training as part of the access process.				
Speedcode(s)					

I certify all of the above information is correct and will be updated as needed/required.

I certify that payment related to booked and invoiced use of the equipment or data analysis hub will be remitted via Mustang Market through the speedcodes provided.

Applicant Signature _____ Date _____

Received by:
Facility Manager _____ Date _____

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Please list all users in your laboratory who are authorized to access equipment.
Authorized users will fill out additional access request forms detailing training certifications, and equipment requirements. Training sessions will be arranged with facility technical staff.

Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	
Authorized username:	Email:	Phone:	

Date received: _____

Duplicate page 4 if additional authorized users need to be listed.