Biosafety Protocol Application: Viral Vector

Principal Investigator: **Program:**

Name of Building where biological materials will be used:

Room numbers where biological materials will be used or stored:

Phone number Lab: Phone number Office:

PI email address:

Lab contact email address:

Staff and Trainees involved in this work:

Name **email** address

Please attach a description of relevant training (didactic and practical) for each person included on this application form – see page 4

Staff and Trainees involved in this work:

Name **email** address

Please attach a description of relevant training (didactic and practical) for each person included on this application form see page 4

Title of Project:

Assumption of Responsibility

I accept responsibility for ensuring that:

- ☐ Work in my laboratory will be conducted in accordance with all applicable biosafety guidelines and standards e.g., SickKids' biosafety practices, the Laboratory Biosafety Guidelines (Office of Laboratory Security, Public Health Agency of Canada), NIH Guidelines for working with rDNA and the Containment Standard for Veterinary Facilities (Canadian Food Inspection Agency).
- ☐ The Biosecurity measures listed on Page 2 are in place in my laboratory.
- ☐ All personnel involved in this work recognize the hazards and are fully familiar with and understand the appropriate safe work practices to be employed.
- ☐ Any amendments to this project that would alter the risk associated with this work are given to the Biosafety Officer/Biosafety Committee prior to the amendments being employed.

PI Signature:_____ Date: _____

Please note that an application form is required for **each** viral system you want to work with e.g., Retrovirus, Lentivirus, Adenovirus.

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Objectives of protocol:

Rationale for choice of agent or vector.

Could non-viral alternative methods be used (DNA transfection etc)?

Containment Level of Proposed Room

Room and use (virus production/infection)	**CL2**	**CL3-Ops**	**SIDNET used for CL3 Ops**	
	☐	☐	**Yes** ☐	**No** ☐
	☐	☐	**Yes** ☐	**No** ☐
	☐	☐	**Yes** ☐	**No** ☐
	☐	☐	**Yes** ☐	**No** ☐

Please provide rationale if SIDNET isn't to be used for CL3 Ops part of protocol

Is the room shared with other labs? Yes ☐ No ☐
List other PIs using the room:

Will virus be concentrated? Yes ☐ No ☐
Room number where centrifuge is located:

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Details re Viral Vectors

1. Type of viral backbone – example, HIV-1 based Lentivirus Vector – self-inactivating

Is the vector currently in use in your laboratory? Yes ☐ No ☐

2. Host specificity of the viral vector (mouse, human etc)

Can the viral vector infect human cells? Yes ☐ No ☐

3. Name of genes transferred by the vector, their expected or known biological function, and their potential biohazard risk (known oncogene or tumour suppressor, etc)

Does the nature of the genes to be transferred present a potential hazard to humans? Yes ☐ No ☐

4. Packaging system to be employed

Attach a detailed description of the recombinant viral vectors and packaging methods to be used.

Summary of Methodology and Procedures:
NB Please include a description of containment methods; disinfection protocols, sterilization protocols, spill procedures, and personnel exposure responses e.g., splash to the eye, a puncture wound.

Please attach separate sheet if more space is needed

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Training Records

Please list all relevant didactic and practical training received by all individuals involved in this project

Name	Description and Date of Training Received	Name of individual who delivered training	Name of Organisation where training was received

Additional Information: