



Mass Spectrometry Core Facility Sample Biosafety Form

DATE:

Principal Investigator	
Client contact information (name, phone number)	
Bio-ARROW protocol number	
Is the sample fixed? (select one)	Yes No
Biosafety Level (select one)	BSL1 BSL2 BSL3
Specify the source of the sample (e.g., mouse, human, non-human primate):	
Specify the sample type (e.g., primary cells, cell line, blood, tissue, urine, nasal swab, environmental sample):	
List any microbes or disease-causing agents administered (i.e., bacteria, viruses, fungi, prions, protozoans or parasites):	
Describe any recombinant modifications:	
List any biological toxins (e.g., bacterial toxins, mycotoxins, seafood toxins, venoms) administered:	
Please provide any additional relevant information for the sample (e.g., antibiotic resistance, method of fixation, validation of fixation method, disinfection/inactivation procedure):	
Occupational health considerations (e.g., respirator use, vaccinations):	

Please note that core personnel may request that you provide your registered Biosafety protocol. Core personnel may contact the Office of Biological Safety with any questions or concerns.