



Biosafety sample registration for External Researchers Using Core Facility at KRCBS

✉ Submit completed form to: biosafety@unityhealth.to

1. Form Type

☐

New

☐

Renewal

☐

Amendment

2. Personnel Information

Name:	
Email Address:	
Phone:	

3. PI information

Name:	
Lab address:	
Email Address:	
Phone:	

4. Sample Information

a. Sample Type & Status

SAMPLE TYPE	FIXED	VIABLE
Human Blood/bodily fluid	<input type="checkbox"/>	<input type="checkbox"/>
Human Tissue	<input type="checkbox"/>	<input type="checkbox"/>
Animal Tissue	<input type="checkbox"/>	<input type="checkbox"/>
Cell line	<input type="checkbox"/>	<input type="checkbox"/>
Bacteria	<input type="checkbox"/>	<input type="checkbox"/>
Virus	<input type="checkbox"/>	<input type="checkbox"/>
Fungi	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

b. Sample Details (Include details as indicated below)

i. Cell or tissue source (species, type, line):

ii. Risk Group:

- iii. Fixation method (if fixed):
- iv. Chemical or toxin exposure e.g., LPS, Diphtheria toxin):
- v. Genetic modification (e.g., vector/construct/ packaging system generation):
- vi. Viral Vector Used:
☐ Adenovirus ☐ AAV ☐ Lentivirus ☐ Retrovirus ☐ Other:
- vii. Packaging System Generation: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th
- viii. What does the genetic modification do (deletion/overexpression)?
- ix. Does the genetic modification involve human oncogenes or immune response?
- x. Additional safety notes (e.g., chemical hazards):

5. Core Facility Usage (Select all core facilities where samples will be used)

- ☐ Cell Culture ☐ Histology ☐ Imaging ☐ Genomics/Molecular Biology
☐ Microfabrication ☐ Flow Cytometry (☐ Analyzer ☐ Cell Sorter ☐ Other: _____)

6. Declaration

- ☐ I have read and will follow all RCF general and Core-specific policies.
- ☐ I will comply with equipment cleaning and maintenance requirements.
- ☐ I confirm the above information is accurate and complete.
- ☐ I have completed required biosafety training and submitted documentation.

Signature: _____

Date: _____