

University of Virginia  
Flow Cytometry Core Facility  
P.O. Box 800734  
Director, Joanne Lannigan, M.S.  
924-0274 (office) 243-2695 (sorter lab)  
**Sorting Sample Biosafety Questionnaire**  
(required for each and every sample to be sorted)

**SAMPLE ID:**

**SORT DATE/TIME:**

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**Contact Information:**

**PI:**

**Investigator:**

**Phone:**

**Phone:**

**E-mail:**

**E-mail**

**Laboratory Department/Location:**

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**Biosafety Checklist** (use additional sheets if necessary)

a) Have you submitted a Project Based Questionnaire?

Yes (Date: \_\_\_\_\_)  No

Have any aspects of the system (e.g. cell type, vectors, transformation, etc) changed since your project has been approved?

Yes (Please provide details of changes)  No

b) Please answer the following questions about your sample?

1) Is sample of human origin?

Yes  No (proceed to #2)

Was the sample screened for any of the following pathogens: HIV, SIV, HepB, HepC, HepD, Herpesvirus simiae, HTLV-1, HTLV-2, LCMV, SARS, Mycobacterium tuberculosis or Mycobacterium bovis or Neisseria meningitidis ?

Yes  No  Unknown

Results:  Positive  Negative

2) Were the cells transformed with a virus?

Yes  No (proceed to #3)

Is infectious agent inactive or has it been rendered non-infectious or replication deficient?

Yes  No

Method/date:

3) Were the cells genetically engineered in any way other than viral transformation?

Yes  No

Describe:

4) Has the sample been tested for Mycoplasma infection?

Yes (date/results: \_\_\_\_\_)  No

5) Does the sample donor harbor or do you have any reason to believe the sample donor harbors any of the following pathogens: HIV, SIV, HepB, HepC, HepD, Herpesvirus simiae, HTLV-1, HTLV-2, LCMV, SARS, Mycobacterium tuberculosis or Mycobacterium bovis or Neisseria meningitides ?

Yes  No  Unknown

Based on all information available to me, I certify that the answers to these questions are accurate and complete.

\_\_\_\_\_  
Signature (PI) \_\_\_\_\_ Date