Core Facility Guidance for Submitting a Protocol in Bio-ARROW

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**Definition of Core Facility:**

A core facility provides training, services, and/or access to specialized equipment. A core facility is generally under the oversight of a PI or department and has personnel dedicated to performing core procedures, coordinating use of the facility, training users, and overseeing the facility. Please contact Karen Demick (263-9026) in the Office of Biological Safety if you have any questions.

**I. Overview:**

Please complete this section of the biosafety protocol following the instructions for each question.

**II. Personnel:**

Please list the core facility personnel. Do not list any on-campus or off-campus users who will have access to equipment in the core facility or submit samples to core personnel for services provided by the core facility.

**III. Funding:**

Please complete this section of the biosafety protocol if applicable.

**IV. Select Agents:**

Please complete this section of the biosafety protocol.

**V. Description of Locations:**

Please list all locations where equipment is located, procedures are performed, and/or biological materials are stored.

**VI. Materials and Activities:**

Please mark all that apply for materials and activities in the core facility. If recombinant activities will not be performed by core personnel, you do not need to check the “Recombinant (transgenic) or synthetic DNA/RNA materials, including human gene therapy” activity.

**VI. Materials and Activities-Recombinant Materials:**
**Drug resistance**: Please provide a response.

**Genome editing**: Please provide a response.

**Genes and DNA/RNA fragments**: Please list any genes and DNA/RNA fragments introduced into organisms/cells by core facility staff.

**Construct**: Please list any constructs introduced into organisms/cells by core facility staff.

**VI. Materials and Activities- NIH Guidelines**: Please check the appropriate category or categories if recombinant activities performed by core staff.

**VI. Materials and Activities- Microbes and Disease-Causing Agents**: Please list microbes which will be or may be handled in the core facility. Categories of agents may be listed if examples are provided. Additional information about the microbes may be provided in the “additional information” section or in section VIII(Research Description).

**VI. Materials and Activities- Large Scale**: Please complete this section if applicable.

**VI. Materials and Activities- Biological Toxins**: Please list any biological toxins administered to animals, cells or cell cultures, or plants by core staff.

**VI. Materials and Activities- Cells, Organs, Tissues or Biological Specimens**: 

**Cell culture**: Please list cell cultures used with pathogenic and/or recombinant microbes, cell cultures from human and nonhuman primate sources, potentially infectious cell cultures, and cell cultures that have been or will be recombinantly modified that will be or may be handled in the core facility. Categories of cell types may be listed if examples are provided. Additional information about the cell cultures may be provided in the “other information” section or in section VIII(Research Description).
**Organs, tissues or biological specimens:** Please list organs, tissues, or biological specimens used with pathogenic and/or recombinant microbes, those form human and nonhuman primate sources, those that are potentially infectious, and those that have been recombinantly modified that will be or may be handled in the core facility. Categories of agents may be listed if examples are provided. Additional information about the organs, tissues, or biological specimens may be provided in the “other information” section or in section VIII(Research Description).

**VI. Materials and Activities-Bloodborne Pathogens Personnel:**

Please list core facility personnel who will handle human-derived materials and those with potential exposure.

**VI. Materials and Activities-Non-BBP Personnel:**

Please confirm individuals listed in this section will not have occupational exposure to bloodborne pathogens.

**VI. Materials and Activities-Bloodborne Pathogens Exposure:**

Please complete this section of the biosafety protocol if core facility personnel will handle human-derived materials or perform disinfection/inactivation procedures.

**VI. Materials and Activities-Vertebrate and Invertebrate Animals:**

Please complete this section if applicable. If core facility personnel will administer pathogens, recombinant materials, biological toxins, or DNA/RNA to animals covered under another investigator’s protocol, core facility personnel should be listed on the investigator’s protocol and the animals do not need to be listed in this section.

**VI. Materials and Activities-Plants:**

Please complete this section if applicable.

**VII. Biosafety Precautions-Containment:**

**Aerosol generating activities:** Please provide a response.

**Biological material containment:** Please answer “Yes” if you will work with biological materials on the lab bench.
Centrifuge containment: Please provide a response.

Flow cytometry containment: Please provide a response.

Transport procedures: Please upload a document that describes precautions used when core facility personnel transport biological materials.

**VII. Biosafety Precautions-PPE:**

Please specify PPE worn by core facility personnel and visitors.

**VII. Biosafety Precautions-Disinfection/Inactivation:**

Disinfect/Inactivate (Animal): Please provide a response if applicable.

Disinfect/Inactivate (Plant): Please provide a response if applicable.

Disinfect/Inactivate (General): Please specify procedures used for surfaces, equipment, and biological materials.

Spill/release procedure: Please upload a document describing procedures used for a spill in the core facility.

**VII. Biosafety Precautions-Signage:**

Please check all that apply to the core facility.

**VII. Biosafety Precautions-Emergency Response:**

Emergency response general: Please provide a general response procedure to be followed if core facility personnel are accidentally exposed to any material.

Lab specific training: Please provide a description of the training provided to core facility personnel. Include any training provided to persons entering the core facility to use equipment.

**VIII. Research Description:**

Research Description: Please provide the following information:

- Who will perform activities in the core facility (i.e., core personnel, lab personnel)
• Who will use the core facility and/or submit samples (i.e., UW-Madison investigators, off campus investigators)

• What biological materials will be accepted by the core facility
• What biological materials not will be accepted by the core facility
• A description of the activities performed in the core facility
• What is the intake process for sample submission or requests to use equipment

Upload additional documents: Please upload the intake form used by the core facility. The intake form should specify the biosafety level of the sample as well as information about the sample (e.g., origin, live or fixed, recombinant modifications, genetic engineering methods, if biological toxins, pathogens, or recombinant materials administered). Include any additional documents that will be helpful for the review.

BSL3/ABSL3 manual: If applicable, please upload manual.

IX. Assurance Statement:

Please agree to the assurances and sign the protocol.