

## Core Facility Guidance for Submitting a Protocol in Bio-ARROW

### Table of Contents

|  |          |
|--|----------|
| <b>Definition of Core Facility .....</b>   | <b>2</b> |
| <b>Overview.....</b>   | <b>2</b> |
| <b>Personnel.....</b>  | <b>2</b> |
| <b>Personnel-Point of Contact:.....</b>  | <b>2</b> |
| <b>Funding .....</b>   | <b>2</b> |
| <b>Select Agents .....</b>   | <b>2</b> |
| <b>Description of Locations.....</b>   | <b>2</b> |
| <b>Materials and Activities .....</b>  | <b>2</b> |
| <b>Materials and Activities-Recombinant or Synthetic DNA/RNA Materials .....</b>     | <b>3</b> |
| <b>Materials and Activities-NIH Guidelines.....</b>                                  | <b>3</b> |
| <b>Materials and Activities-Microbes and Disease-Causing Agents.....</b>             | <b>3</b> |
| <b>Materials and Activities-Large Scale.....</b>                                     | <b>3</b> |
| <b>Materials and Activities-Biological Toxins.....</b>                               | <b>3</b> |
| <b>Materials and Activities-Nanoparticles .....</b>                                  | <b>4</b> |
| <b>Materials and Activities-Cells, Organs, Tissues or Biological Specimens .....</b> | <b>4</b> |
| <b>Materials and Activities-Bloodborne Pathogens Personnel.....</b>                  | <b>4</b> |
| <b>Materials and Activities-Non-BBP Personnel .....</b>                              | <b>4</b> |
| <b>Materials and Activities-Bloodborne Pathogens Exposure .....</b>                  | <b>4</b> |
| <b>Materials and Activities-Vertebrate and Invertebrate Animals .....</b>            | <b>5</b> |
| <b>Materials and Activities-Plants .....</b>   | <b>5</b> |
| <b>Biosafety Precautions-Containment.....</b>  | <b>5</b> |
| <b>Biosafety Precautions-PPE .....</b>   | <b>5</b> |
| <b>Biosafety Precautions-Disinfection/Inactivation .....</b>                         | <b>6</b> |
| <b>Biosafety Precautions-Signage.....</b>  | <b>6</b> |
| <b>Biosafety Precautions-Emergency Response .....</b>                                | <b>6</b> |
| <b>Research Description.....</b>   | <b>7</b> |
| <b>Assurance Statement-Assurances .....</b>  | <b>7</b> |
| <b>Assurance Statement-PI Signature .....</b>  | <b>7</b> |

## **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 Principal Investigator (PI) or department and has personnel dedicated to performing core procedures, coordinating use of the facility, training users, and overseeing the facility. Please contact the Office of Biological Safety at 608-263-2037 or [biosafety@fpm.wisc.edu](mailto:biosafety@fpm.wisc.edu) if you have any questions.

## **Overview:**

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

## **Personnel:**

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

## **Personnel-Point of Contact:**

The PI is automatically the primary contact for Office of Biological Safety communications. If you would like to designate one or two additional individuals in your laboratory to also receive these communications, please add them in this section.

## **Funding:**

Please complete this section of the biosafety protocol if applicable.

## **Select Agents:**

Please complete this section of the biosafety protocol.

## **Description of Locations:**

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

## **Materials and Activities:**

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

### **Materials and Activities-Recombinant or Synthetic DNA/RNA Materials:**

Drug Resistance: 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 Details: Please list any constructs introduced into organisms/cells by core facility staff.

Genome Editing: Please provide a response.

Research Involving Human Subjects: Please provide a response.

Materials Administered Human Subjects: Please provide a response if applicable.

Human Subjects Status and Documents: Please provide a response if applicable.

### **Materials and Activities-NIH Guidelines:**

Please check the appropriate category or categories if core staff performs recombinant activities.

### **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 the Research Description section.

### **Materials and Activities-Large Scale:**

Please complete this section if applicable.

### **Materials and Activities-Biological Toxins:**

Please list any biological toxins administered to animals, cells or cell cultures, or plants by core staff.

### **Materials and Activities-Nanoparticles:**

Please list any nanoparticles administered to microbes, animals, cells or cell cultures, or plants by core staff.

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

Cell Culture Details: Please list any 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 “Cell Culture Other Information” section or Research Description section.

Organs, Tissues or Biological Specimen Details: Please list any organs, tissues, or biological specimens used with pathogenic and/or recombinant microbes, those from 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 “Organs, Tissues or Biological Specimens Other Information” section or in the Research Description section.

### **Materials and Activities-Bloodborne Pathogens Personnel:**

Please list core facility personnel who will have access to human-derived materials, handle human-derived materials, or have potential exposure to human-derived materials.

### **Materials and Activities-Non-BBP Personnel:**

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

### **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.

## **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.

## **Materials and Activities-Plants:**

Please complete this section if applicable.

## **Biosafety Precautions-Containment:**

Aerosol Generating Activities with Animals: Please provide a response.

Aerosol Generating Activities with Plants: Please provide a response.

Aerosol Generating Activities-General: Please provide a response.

Biological Materials Outside of Containment: Please answer "Yes" if work with biological materials will be performed on the lab bench.

Flame- or Heat-Generating Device Use: Please provide a response.

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.

## **Biosafety Precautions-PPE:**

Please specify PPE worn by core facility personnel when working with materials listed in the protocol and PPE worn by persons using equipment in the core facility.

PPE -Animal: Please provide a response if applicable.

PPE-Plant: Please provide a response if applicable.

PPE-General: Please provide a response.

### **Biosafety Precautions-Disinfection/Inactivation:**

Disinfection and Inactivation-Animal: Please provide a response if applicable.

Disinfection and Inactivation-Plants: Please provide a response if applicable.

Disinfection and Inactivation-General: Please specify procedures used for surfaces, equipment, and biological materials.

Autoclave Testing: Please provide a response.

Spill and Release Procedures: Please upload procedure(s) used for spills of biological materials in the core facility.

### **Biosafety Precautions-Signage:**

Please select all the precaution/hazard communication signage that apply to the core facility.

Precaution Signage-Animal: Please provide a response if applicable.

Precaution Signage-Plant: Please provide a response if applicable.

Precaution Signage-General: Please provide a response.

### **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. If outside users will use alternate procedures, please add here.

Emergency Response-Special: Please provide a response if applicable.

Occupational Health Considerations: Please provide a response if applicable.

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.

## Research Description:

Describe the Research: Please provide a description of the activities performed in the core facility and include 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 will not be accepted by the core facility?
- What is the intake process for sample submission or requests to use equipment?

Additional Documents: If applicable, 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. An example of an intake form can be found in the Institutional Biosafety Committee (IBC) Policy on Core Facility Registration Responsibilities.

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

## Assurance Statement-Assurances:

Please complete the assurances.

## Assurance Statement-PI Signature:

Please sign the protocol.