



**Pediatric Research Center: Flow Cytometry Facility Biosafety Form**

<b>Name:</b>	<b>Department:</b>
<b>PI:</b>	<b>Time and Date:</b>
<b>Instrument:</b> FACS ARIA II	<b>Biosafety Approval Number:</b>

**Sample content details:**

Pathogens known or reasonably suspected to be present:

Name:

Biosafety Level:

Cells or Tissues present (Name and species origin):

**Disinfection:**

Is 2% Bleach a validated disinfectant for your sample\*:

- Yes   
 No (*if not, then an effective alternative must be agreed with the Technical Director prior to handover of the sample*)

If No, Name of Disinfectant used: \_\_\_\_\_

\* It is **YOUR** responsibility to ensure that this is an effective disinfectant

SIGNED:

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Aaron Rae

\_\_\_\_\_  
Bridget Neary