

MWAC Cell Culture Facility

Sample Safety Data Form

User Name Faculty - School/Centre

zID number Staff Student Supervisor

Please describe the safety risks associated with your sample when brought into the facility and how you will minimize those risks

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The safety of the work being conducted in the SEB PC2 facility is subject to the review of appropriate SWPs and RMFs. Please write the safety document numbers, associated with the work you will perform in the SEB PC2 facility, below. (Please see a member of staff if you are unable to provide these documents).

SWP number:

RMF number:

Please check below all boxes that applies to describe your sample (multiple choices per category possible)

Containment level required: ☐ None ☐ PC1 ☐ PC2

Sample Category: ☐ Nanoparticle ☐ Chemical ☐ Bio-material ☐ Biological samples

Biological material origin: ☐ Plant ☐ Microorganism ☐ Animal ☐ Human

Biological Sample category: ☐ Commercial cell line (e.g. ATCC#) ☐ Primary cell culture
(Biological samples must arrive fixed) ☐ Tissue ☐ Protozoa ☐ Fungi ☐ Yeast ☐ Bacteria ☐ Viruses

Sample prep: ☐ Fixed ☐ Sealed-off (slide + coverslip) ☐ In liquid ☐ Cleared ☐ Live

☐ Non-infectious ☐ Infectious ☐ Non-Cytotoxic ☐ Cytotoxic

☐ I declare having an Exempt dealing covering this sample prep.

☐ Non-GMO ☐ GMO >>

☐ I declare having a Notifiable Low Risk Dealings (NLRD) covering this sample prep.

☐ I certify having the appropriate Risk Management and Safe Work procedure covering the sample preparation of this sample.

☐ I certify being competent in dealing with any spill or waste generated from the sample described above.










☐ I certify that my work is covered by the appropriate ethics approvals. Ethics Number.....

☐ **Samples require further preparation/modification** within the SEB Pc2 facility; I have attached the appropriate SWP covering this part of the work to this form.

Chemically treated samples

☐ Chemical(s) ☐ Nanoparticles ☐ Drug(s) ☐ Hazardous protein(s) (including prions and toxins)

Fill this table as accurately as possible according to MSDS

| Chemical No. | Reagent / Product or solvent used: Name or other identifier (e.g. molecular formula or structure) |  |  |  |  |  |  |  |  |  | Precautions & Handling & Risk Rating | |
|--------------|--|---|---|---|---|---|---|---|---|--|--|--|
| | | Flammable | Corrosive | Carcinogen/Mutagen | Toxic (severe) | Toxic / skin irritant | Oxidiser | Explosive | Gas under pressure | Aquatic toxicity | How will you minimise the risk associated with your chemicals. Please also rate the risk of using your chemical after you have implemented your risk control measures. | |
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☐ By signing this document, I certify the above to be correct and agree to update SEB PC2 Lab staff on any changes of sample by submitting a new form.

☐ By signing this document, I certify my sample will enter the facility double contained and labeled with contents, user's name, phone number, hazards, GMO status, and/or chemical risk classification

Staff/student name Supervisor name

Signature Signature