Return to:

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: | | | | |
|  | | | | |
| ***User***  name: | | phone: | | |
| email address: | | | | |
| Institute/Department: | | | | |
|  | | | | |
| ***Group leader***  name: | | phone: | | |
| email address: | | | | |
|  | | | | |
| **Description of project (1/4 page max.)**  This should be a short description mainly about the flow cytometry part of your project, e.g. what kind of panel do you use (number of markers/which fluorochromes/fluorescent proteins), and for sorting which populations/how many populations do you want to sort, what is your downstream analysis after sorting, etc. If you don't know yet exactly, that is also ok. | | | | |
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| I require  cell sorting  use of analysers | | | BIH CCF  @CCM  @CVK | |
| I accept the Userguidelines and agree to the price list. | | | | |
|  | | | | |
| Signature User | Signature Group Leader | | | Signature Core Facility |

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| **Sample material classification**  Please provide individual registration forms per material classification (GenTG S1/S2/BioStoffV) or attach a list with all relevant information. |
| Description of samples (species/organ/celltype): |
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| According to "***BioStoffV***", are the samples classified Risikogruppe 2 or 3\*\*?  no  yes  If *yes*, please complete the form "samples Risikogruppe 2/3\*\*" |
| *We are not allowed to handle samples of "Risikogruppe 3" or higher.* |
|  |
| According to "***GenTG***", are the samples classified S1 or S2?  no  yes  If *yes*, please complete the form "Gentechnisch veränderte Organismen" |
|  |
| I will notify the Core Facility of any changes in classification ("BioStoffV" or "GenTG") of the samples. |
|  |
| The transport of the sample is in accordance with applicable regulations. |

**Gentechnisch veränderte Organismen (GVO)**

-> If you want to bring genetically modified material (GMO) into the core facility we are legally required to document this. Fill in this form with as many information as you can. We can discuss everything that is unclear during the project meeting.

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| Datum: | |
| Nutzer: | |
| Projekt: | |
|  | |
| Anlagennummer / Projekt Nr.: | |
| Bezeichnung GVO (identisch zur Aufzeichnung in Formblatt Z): | |
| Einstufung Risikogruppe:  S1  S2 | |
|  | |
| **Projektleiter/in (nach GenTG)**: | BIH  Charité |
|  | other: |
| Telefonnummer Projektleiter/in: | |
| Unterschrift: | |
|  | |
| **BBS (Beauftragter für biologische Sicherheit)**: | |
| Telefonnummer BBS: | |
| Unterschrift BBS: | |
|  | |
| The transport of the sample is in accordance with applicable regulations. | |
| The work is documented according to "Gentechnik-Aufzeichungsverordnung  (GenTAufzV)". | |

* We can only accept material that has already been registered with and approved by LAGeSo.
* The user is responsible for documentation according to "Gentechnik-Aufzeichungs-verordnung (GenTAufzV)".
* If you use cells that are directly isolated from **transgenic mice**, please contact the core facility before filling in the form. "GVO" might not apply for these cells in specific circumstances.

**samples Risikogruppe 2/3\*\***

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| Date: |
| User: |
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|  |
| sample material:  untested human material (RG3\*\*)  please specify:  buffy coat,  untested "healthy" control  patient material from patients with  and/or pathogens (RG2)  name of pathogen: |
|  |
| We will need documentation for working with pathogens of Risikogruppe 2. The core facility staff will contact you with the details. |
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| The transport of the sample is in accordance with applicable regulations. |
|  |
| Signature User: |
| Person with "Umgangsgenehmigung" \*\*: |
| Signature Person with "Umgangsgenehmigung"\*\*: |

\*\* only necessary for direct work with pathogens