



**CITY OF WOBURN
BIOMEDICAL OVERSIGHT COMMITTEE**

COMPANY REVIEW QUESTIONNAIRE

COMPANY NAME: _____

COMPANY ADDRESS: _____

TELEPHONE: (): _____

Is the company currently using any of the following items:

- | | | |
|--|-------------------------------|------------------------------|
| A. Human Tissue, Fluids or Other Specimens | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| B. Animals | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| C. Microbial Agents | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| D. Recombinant DNA | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |
| E. Cell Culture | YES: <input type="checkbox"/> | NO: <input type="checkbox"/> |

A. HUMAN TISSUE/SAMPLES

1. Do you work with blood or body fluids? YES: NO:
If YES, please specify:

2. Do you work with organs or tissues? YES: NO:
If YES, please specify:

B. ANIMALS

1. Do you inject or otherwise treat animals with infectious agents? YES: NO:
If YES, please specify:

2. Do you work with animal organs, blood, body fluids or tissues?
If YES, please specify:

YES: NO:

C. MICROBIAL AGENTS

1. Agent potentially infectious to humans:

YES: NO:

IF YES, COMPLETE THE FOLLOWING SECTION FOR EACH MICROORGANISM TO BE USED IN THE COMPANY. (Xerox this page if necessary.)

Location(s) where agent are used/handled:

Is unnatural antibiotic resistance expressed?
If YES, please specify:

YES: NO:

Largest volume of organism used is: Liter(s)

Is organism inactivated prior to other laboratory manipulation?

YES: NO:

Is a toxin produced?
If YES, please specify:

YES: NO:

Do you work with Toxins?

YES: NO:

Specify methods of inactivation if any? Heat Chemical Radiation
Other(specify):

Specify methods of concentration: Centrifugation Precipitation Filtration
Other(specify):

What containment equipment is available – Check all that apply

- Biological Safety Cabinet?
- Date of Last Certification:
- Class 1
- Class 11
- Class 111
- Chemical Fume Used?
- Containment Centrifuge?
- Biosafety Level Used?

D. RECOMBINANT DNA (List for each different DNA sample. Xerox the page if necessary.)

1. DNA Source(s):
2. Nature of insert/protein:
3. Vector(s):
4. Host:
5. Cell/animal/plant recipient(s):
6. Assessment of levels of physical and biological containment (check relevant sections of current NIH Guidelines.)

E. CELL CULTURES (IN VITRO)

Do you utilize cell-culturing procedures? YES: NO:
If YES, please specify Biosafety Level:

Cell Cultures of non-mammalian origin? YES: NO:
If YES, please specify:

Human Cell Lines? YES: NO:
If YES, please specify:

Animal Cell lines or primary tissue cultures? YES: NO:
If YES, please specify: