CITY OF WOBURN
BIOMEDICAL OVERSIGHT COMMITTEE
10 COMMON STREET, WOBURN, MA 01801
PHONE: (781)897-5920 FAX: (781)897-5929

COMPANY REVIEW QUESTIONNAIRE

COMPANY NAME: ____________________

COMPANY OWNER: ____________________

COMPANY ADDRESS (C2I): 299 Washington St Unit A, Woburn, MA 01801

TELEPHONE: (): ____________________

MAILING ADDRESS: ____________________

EMERGENCY CONTACT NAME & PHONE: ____________________

Is the company currently using any of the following items:

A.	Human Tissue, Fluids or Other Specimens	YES: ☐	NO: ☐
B.	Animals	YES: ☐	NO: ☐
C.	Microbial Agents	YES: ☐	NO: ☐
D.	Recombinant DNA	YES: ☐	NO: ☐
E.	Cell Culture	YES: ☐	NO: ☐

A. HUMAN TISSUES/SAMPLES

1. Do you work with blood or bodily 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, bodily fluids or tissues? YES: ☐ NO: ☐

If YES, please specify:____

____

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 the page if necessary.)

Location(s) where agent are used/handled:

Is unnatural antibiotic resistance expressed? YES: ☐ NO: ☐

If YES, please specify:____

____

Largest volume of organism used is: ___________Liter(s)

Is organism inactivated prior to other laboratory manipulation? YES: ☐ NO: ☐

Is a toxin produced? YES: ☐ NO: ☐

If YES, please specify:____

____

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 I

☐ Class II

☐ Class III

☐ Chemical Fume Used?

☐ Containment Centrifuge?

☐ Biosafety Level Used?

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

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.)

<u>E. CELL CULTURES (IN VITRO)</u>

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:____

____