

# UW HUMAN BLOOD, BODILY FLUID AND TISSUES WORKSHEET

Completed by:

Date completed:

## Project Overview

1. Using point form, provide a descriptive overview of the intended project. Identify the main process steps involving the material.

2. Has this project undergone an ethics review?  Yes  No  Currently in process

3. Describe the material being handled and where it will be used/processed (Rm#'s):

4. Is the material fixed or embalmed?  Yes  No

5. Was the material screened for any pathogens?  Yes  No

- a. If so, are pathogens present?  Yes  No

6. Is the material known to be pathogenic?  Yes  No

- a. **If known to be pathogenic, complete the Local Risk Assessment form and discontinue this form.**

7. Select the category that best describes the material:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Semen                                    | <input type="checkbox"/> Synovial fluid          | <input type="checkbox"/> Feces          |
| <input type="checkbox"/> Vaginal secretions                       | <input type="checkbox"/> Pericardial fluid       | <input type="checkbox"/> Urine          |
| <input type="checkbox"/> Breast milk                              | <input type="checkbox"/> Cerebrospinal fluid     | <input type="checkbox"/> Sweat          |
| <input type="checkbox"/> Amniotic fluid                           | <input type="checkbox"/> Pleural fluid           | <input type="checkbox"/> Tears          |
| <input type="checkbox"/> Sputum                                   | <input type="checkbox"/> Peritoneal fluid        | <input type="checkbox"/> Bones or teeth |
| <input type="checkbox"/> Nasal secretions                         | <input type="checkbox"/> Blood or blood products |   |
| <input type="checkbox"/> Human tissues or organs, please specify: |  |   |
| <input type="checkbox"/> Other, please specify:                   |  |   |

## Material Sample Source

8. Complete the following table:

Source of Sample?	Where was it collected?	Who collected it?
<input type="checkbox"/> Samples from otherwise healthy individuals <input type="checkbox"/> Clinical samples with diagnosed illness or known pathogen. Enter pathogen or illness name:  <input type="checkbox"/> Donor pool :  <input type="checkbox"/> Tissue or blood bank <input type="checkbox"/> Other, please specify:	<input type="checkbox"/> On campus   <input type="checkbox"/> Off campus	<input type="checkbox"/> Nurse <input type="checkbox"/> Phlebotomist <input type="checkbox"/> Other, please specify:

## Personnel Factors

9. PPE required when working with agent (check all that apply). *Note: lab coat, close-toed shoes, and gloves are all mandatory for microbiological work!*

- Face shield   
  Safety glasses   
  N-95   
  Face mask   
  Back-closing gown at BSC

10. Have all personnel on this project been made aware that Hep A and Hep B vaccinations are strongly recommended when working with human blood, bodily fluids, tissues, and related materials?

Yes     No

## Factors Associated With the Specific Work Processes

11. Frequency of contact with agent:  Routine/daily     Weekly     Random/monthly/yearly

12. Largest single volume used:  < 10 L     More than 10 L (if greater than 10L specify):

13. Identify the processes that increase exposure potential (check all that apply):

- Cell sorting             Sonication             Centrifuging in open containers  
 Blending                 Flaming loops         Shaking or vigorous mixing  
 Grinding                 Pipetting                Homogenizing  
 Opening containers with high internal pressures  
 Other procedures that may create an airborne exposure to a pathogen:

14. Will your experiments involve centrifugation?  Yes  No
- a. If YES, are sealed rotors, or sealed centrifuge safety cups available for use?  Yes  No
- b. If NO to "14a", do you only use screw-cap, non-glass tubes?  Yes  No
- c. Will you open the tubes in the BSC after centrifuging?  Yes  No
- d. If NO to (b) or (c), explain how you will protect against exposure:

15. Is all work with the material happening in a BSC?  Yes  No

16. Is bench work completed on the material?  Yes  No

17. Will you perform any activity you identified in Q.13 on the bench?  Yes  No

- a. If yes, identify how you plan to control the aerosols generated.

18. Will you perform any process on the bench besides those listed in Q.13?  Yes  No

- a. If yes, please describe.

19. Are you using sharps?  Yes  No

a. If yes, are you using safety-engineered sharps?  Yes  No

- b. If not, please explain:

20. Specify disinfectants and decontaminants and decontamination procedures in use:  N/A

Disinfectant	Working Concentration	Contact Time (min)	Preparation Frequency	Indicate where used (surface, equipment, tools, etc...)

**21. Complete the table to identify how biohazardous wastes generated by your research are treated (any autoclaving and direct disposal requires weekly efficacy logs):**

	<b>Waste Generated and disinfection process</b>	<b>Disposed by (select one)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Solid waste contaminated with biohazardous material and all microbial and eukaryotic cell cultures, including broth cultures	<input type="checkbox"/> Biowaste bin (UW Disposal Service) <input type="checkbox"/> Autoclaving: Temp:            °C Time:            min.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	(Sharps) Needle and syringe assemblies	<input type="checkbox"/> Biowaste sharps bin (UW Disposal Service) <input type="checkbox"/> Autoclaving Temp:            °C Time:            min.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Used glass and hard plastic pipettes and Pasteur pipettes will be:	<input type="checkbox"/> Biowaste sharps bin (UW Disposal Service) <input type="checkbox"/> Autoclaved and disposed as regular waste Temp:            °C Time:            min.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Liquid waste contaminated with biohazardous material	<input type="checkbox"/> Biowaste bin (UW Disposal Service) <input type="checkbox"/> Autoclaving Temp:            °C Time:            min. <input type="checkbox"/> Chemically Chemical name: Contact time:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Other, specify:	

## Summary

All individuals in this lab must review the following University SOPs and guidance documents. Please go to the [biosafety website](#) to access them.

- UW Emergency Response Guide for Biologicals - Exposures and Spills
- Movement and Transportation of Biological Materials
- Guidance on Disinfection
- Vacuum Aspiration Guidance
- Proper Pipetting Techniques

**Identify SOPs or controls used on this project:**

<b>Example</b> – SOP 734 – Purification of xxx by centrifugation....

**List the names of all workers on this project:**


I acknowledge that work on this project will not begin until the following conditions are met:

1. All workers on this project have reviewed the mandatory documents listed above.
2. All workers have completed the University’s online [Biosafety training module](#).
3. The Safety Office has approved this project.

**Supervisor name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Safety Office Determination:**

Project may proceed as proposed     Yes     No

Additional criteria required         Yes     No

**Biosafety officer name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Safety Office comments:**