

**Discovery Center Policies and Procedures for
UNT Health Science Center Researchers**

In order to gain access to the Discovery Centers in CBH 201 and RES 208, please submit the information listed below to Katrina Gordon, Discovery Center Manager. Upon receipt and review of this information, you will receive an email with the names of authorized users permitted to access the laboratories.

Research Group: _____

Checklist

- * Complete the Faculty Research Form.
- * Provide proof of successful completion of UNT Health Science Center Basic Biosafety Training, Hazard Communication Training and Bloodborne Pathogen Training for each authorized user as needed.

Policies

Your access to and use of the lab is governed by the same policies, procedures, regulations and guidelines that affect all research activities at the UNT Health Science Center. Because the labs are open and shared with other research groups, additional requirements are listed below.

1. Access to the labs is granted in 180-day increments and is controlled by individual key cards. Please do not grant others access to the lab via your key card.
2. Both Discovery Centers are operated as Biosafety Level 2 laboratories therefore there is some risk of contracting an infection while using the labs. Additionally, the Centers facilitate manipulation of samples potentially harboring Bloodborne Pathogens. Therefore, all users must complete yearly Bloodborne Pathogen Training and it is recommended that all users receive the full 3-dose series of the Hepatitis B Virus vaccine and be aware of the increased risk to their health in that laboratory.
3. Please seek training from the Discovery Center Manager prior to using any equipment for the first time.
4. Please properly label any unattended experiments and materials. Labels are available from the Discovery Center Manager and should contain a contact name, date and activity description.
5. On a limited, space-available basis, a small amount of materials, reagents and supplies may be stored in the lab with prior permission from the Discovery Center Manager.
6. The Discovery Centers may be monitored by any number of methods including but not limited to video surveillance, card reader access logs and in personal inspection.
7. You are responsible for handling any chemical or biological waste generated by your lab activities in a way that is compliant with UNT Health Science Center guidelines and policy.
8. No work involving manipulation or propagation of pathogenic viruses (e.g. adenovirus or HIV) or radioactive material is allowed in the Discovery Centers.
9. No food or drinks are allowed in the lab at any time.
10. Failure to comply with applicable policies, procedures, regulations, guidelines and directions from the Discovery Center Manager may result in the loss of laboratory access.

I have read and agree to abide by the Policies and Procedures outlined above

Name: _____ Signature: _____ Date: _____



Faculty Research Form

This form will be used to document the type of work which will be conducted in the Discovery Centers. If you have any questions or need help filling out this form please contact Dr. Katrina Gordon, Discovery Center Manager, at 817-735-5127 or Katrina.Gordon@unthsc.edu.

- 1. Research Group:**
- 2. Laboratories to be accessed (CBH 201 and/or RES 208):**
- 3. Study contact:**
- 4. Study contact email:**
- 5. Study contact phone:**
- 6. Experimental Overview:**

Please provide a brief overview of the work you intend to do in the Discovery Center labs. If the work is a part of a study covered by an approved IBC/IACUC/IRB protocol, please provide the approval number or attach the approved application. Please include in your overview an indication of the lab equipment you expect to use. Please also include a summary of precautions you will take to limit potential risk and exposure to other lab users, i.e. mitigating aerosol production, transporting samples to the lab, etc.

7. Biological Agents: Please list all biological agents that will be used in the Discovery Center labs. (Not necessary if detailed in an approved IBC application.)

Item #	Type ¹	Name of Material ²	Strain of Agent (if applicable)	Source ³	Risk Group ⁴ (RG)	Biosafety Level ⁴ (BSL)	Note

¹ P=parasite, F=fungus, B=bacteria, R=Rickettsia, V=virus (not arbovirus), A=Arbovirus, T=toxin, PR=prions, VR=viroids, rD= rDNA, O=other, M= mammalian.
² If agent, list genus & species. If toxin, include agent (genus & species) it is derived from. If rDNA list genus and species of all organisms involved.
³ Please specify the type and name of source (e.g., vendor – ATCC; off-campus collection – Univ. of CA; clinical specimen - human).
⁴ Use [BMBL](http://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf), <http://www.cdc.gov/biosafety/publications/bmbl5/BMBL.pdf> for RG and BSL designation.

Research Form for UNT Health Science Center Researchers

8. Chemical Agents: List all hazardous chemical agents that will be used in the Discovery Center labs i.e. those with a National Fire Protection Association (NFPA) rating of 3 or above in any of the categories on the NFPA diamond or any special coding in the white quadrant.

Item #	Name of Material	Solid (S), Liquid (L) or Gas (G)	CAS Number	Anticipated Amount	NFPA Hazard Rating				Note
					Health	Flammability	Reactivity	Other	

9. Waste Management: Please provide a brief overview of how you will handle any chemical or biological waste generated by your lab activities.

10. Personnel: List the names of all personnel desiring access to the Discovery Center labs and have each person sign the following assurance.

- I understand the nature of these experiments and I have the knowledge and training required to safely handle the materials described.
- I understand that both Discovery Centers are operated as Biosafety Level 2 laboratories therefore there is some risk of contracting an infection while using the labs. Additionally, the RES-208 Center facilitates manipulation of samples potentially harboring Bloodborne Pathogens therefore it is recommended that all users of the RES-208 Discovery Center receive the full 3-dose series of the Hepatitis B Virus vaccine and be aware of the increased risk to their health in that laboratory.
- I understand that my presence and actions in the Discovery Centers may be monitored by any number of methods including but not limited to video surveillance, card reader access logs and personal inspection.
- I agree to abide by all applicable research policies, procedures, regulations, guidelines and directions from the Discovery Center Manager.

Name	Signature	Date	E-mail	HBV Vaccination? ¹	Approved ²

¹If entry into RES-208 is being requested, please note here whether you have completed the Hepatitis B Virus vaccine series (3 shots) or if you have been offered the vaccine but declined them. Please enter either “Received” or “Declined”

² For Official Use only

Discovery Center Capabilities

	CBH 201	RES 208
Agitation	Reciprocal plate rotator; Stirrer; Bath sonicator	Reciprocal plate rotator; Waterbath; Stirrer
Balance	Analytical and Benchtop	Benchtop
Biosafety Cabinet	4ft. with vacuum and UV	6ft. with vacuum and UV
Centrifugation	1.5 ml, 15 ml, 50 ml tubes and 96 well plates with refrigeration; Microcentrifuge tubes at room temperature	50 ml and 250 ml containers with refrigeration; Room temperature microcentrifuge tubes
Electrophoresis	-	Power supplies; Vertical and horizontal cells and casting supplies
Freezers	-20°C and -80°C	-20°C and -80°C
Heating	Hot plate with stirrer and heating block	Hot plate with stirrer
Incubation	CO ₂ incubators with gas; Non-CO ₂ incubator; Low temperature thermostat with recirculation	CO ₂ incubator; Non-CO ₂ incubator; Reciprocating water bath; Stationary water bath
Lyophilizer	Yes	No
Microscopy	Real time visualization and digital image capture using Fluorescence, Phase Contrast and Differential Interference Contrast	Phase contrast with film based image capture
PCR	Gradient and real-time thermocyclers; PCR cabinet and crosslinker	-
Plate Readers	UV, VIS and Fluorescence, kinetics capable	VIS and Fluorescence, kinetics capable; Electrical Sector Imager
Plate Washer	Yes	Yes with soak and agitation
Refrigeration	Double door cooler with NIST traceable, alarm capable thermometer	Refrigerator/Freezer
Spectrophotometer	Cuvette based	6 place, cuvette based

Do Not Fax – Send by Inter-Office Mail Or Bring In Person – ONLY
– Original Signatures Required –

UNT HEALTH
SCIENCE CENTER
POLICE DEPARTMENT

**Key / Cardkey Authorization
Request Form (Please Print)**

REQUEST TYPE (Please Specify):	KEY <input type="checkbox"/>	CARDKEY <input checked="" type="checkbox"/>
REQUEST DATE: _____	EMPLOYEE <input type="checkbox"/>	STUDENT <input type="checkbox"/>
EMPLOYEE NAME: _____	DEPARTMENT: _____	
EMPLOYEE ID# _____	EMAIL: _____	EXT. NUMBER: _____
KEYS REQUESTED / CARD KEY ACCESS		AFTER HOURS CARDKEY ACCESS
1. BUILDING: _____ ROOM(S): _____		
2. BUILDING: _____ ROOM(S): _____		
3. OTHER/ADDITIONAL LOCATION(S): _____		
DEPARTMENT MASTER:	YES <input type="radio"/> NO <input checked="" type="radio"/>	ACCESS CARD NUMBER: _____
SPECIAL KEYS* (Keys off Master system)		
LOCATION: _____		
OTHER/ADDITIONAL LOCATION(S): _____		
_____ Employee Signature		_____ Department Head Signature
_____ Printed Name		_____ Printed Name
Phone Ext. <u> x 5127 </u>		
<small>*Keys/Cards off the Master System may not be issued to a person other than one employed by the controlling department except as provided by the current written controlled access policy.</small>		
CONTROLLING DEPARTMENT (PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING) (If Different Than Requesting Department):		
_____ Printed Name	_____ Signature	Phone Ext. _____
REQUEST REQUIRING VICE PRESIDENT APPROVAL (PLEASE OBTAIN SIGNATURE BEFORE SUBMITTING) <small>Grand Master keys, Building Master keys require approval of the vice president</small>		
_____ Printed Name	_____ Signature	Phone Ext. _____
LOCKSMITH USE ONLY		
Key Numbers: _____		DATE COMPLETED: _____
		LOCKSMITH: _____
POLICE DEPARTMENT USE ONLY		
KEYS VERIFIED	RECIPIENT NOTIFIED	KEYS PICKED UP
		ENTERED
Date Activated: _____	Activated By: _____	

*** ALL KEYS ARE THE PROPERTY OF UNTHSC AND MUST BE RETURNED TO
THE POLICE DEPARTMENT WHEN NO LONGER NEEDED ***