

# **Biosafety Level-3 Facility**

### ASSOCIATION FOR BIO-INSPIRED LEADERS & ENTERPRENURES at SASTRA-TBI

SASTRA Campus, THANJAVUR, TAMILNADU- 613401

Email: <a href="mailto:labmanager.ablest@sastra.ac.in">labmanager.ablest@sastra.ac.in</a>

#### Requisition form for BSL3 facility

Name of the Chief Investigator (PI):		
User Name:		
Designation:	Department	
Address and Contact details:		
Email:		
Title of the project:		
IBSC approval (If yes attach copy): YES/NO	Date:	
IAEC approval (If yes attach copy): YES/NO	Date:	
Duration of the experiment:		
Description of the experiment (Attach separate sheet giving details of the proposed work,		
strains and techniques to be used):		
Equipments required for the experiment:		
BSL-3 Practices & Procedures Training given on:		
Training given by:		



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### Undertaking

• I/We undertake to abide by the rules, safety guidelines, precautions and practices of the BSL3 facility during the entire duration of the experiment as mentioned in the Standard Operating Procedures, failing which the user will not be allowed to work in the facility.

• I/We understand that working inside the BSL3 involves a level of risk that is greater than in a normal laboratory environment.

• I/We have read the Standard Operating Procedures of working in the BSL3 facility and properly understood the Practices and Procedures for the BSL3 facility.

• I/We shall give due acknowledgement to ABLEST BSL3 facility in published journals and also inform ABLEST BSL3 facility about the publications which acknowledges the use of the facility.

• I/We have the requisite training for working in the BSL3 facility.

• I/We understand that I will have to undergo periodic medical screening before, during and after working in the BSL3 environment and have to fill the medical information sheet before starting the work.

• I/We will be personally responsible for our own health. ABLEST or its staff will not be held responsible for any of my illness(es). I/We have adequate medical insurance cover to take care of my all-possible medical needs.

• I/We understand that the ABLEST BSL3 staff will not be responsible for any experiment related problems/failures faced by the user while working in the facility.

• I/We will be responsible to bear the financial liability of the repair(s) of any instrument or equipment, if the damage is found due to the mishandling at our end.

Important points:

1. BSL3 safety clothing and protective gear will have to be replaced by the users/PIs. (masks, gloves, coveralls, shoe covers, head covers)



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- 2. Pipettes, tips, media, glassware, plasticwares and all other reagents required for conducting your experiments will have to be arranged by the user/PI.
- 3. Sterilization of the reagents and the media required for the experiments shall be done at the user's end, however, the discard autoclave will be carried out at the facility.
- 4. Booking needs to be done a week in advance. Any cancellation should be done 24 h prior to use.
- 5. Charges will be on a weekly basis. However, regular users may also book on a monthly basis
- 6. Charges will be applicable even if students are not working but cultures are growing in liquid or solid medium inside BSL3 incubators.
- 7. Payment will have to be made through bank transfer. The details for RTGS can be taken from the BSL3 staff.
- 8. Timings of bookings: 9:00 AM to 5:00 PM.
- 9. Investigators might have to do minor adjustment in time points in case of overlap with the time points of other investigators.

Signature of the User

Signature with Stamp (Principal Investigator)

Place:

Date:

Signature of the BSL-III facility In charge

For Office use only,

Date of Receipt	No. of days used	Amount

Authorized Signature