User Agreement Form

For accessing resources and services at Microscopy, Micro-CT, Histology and Mechanical Testing Laboratories at the Faculty of Dentistry, University of Toronto

INSTRUCTIONS:

- Please complete this form electronically and then submit it to CAMiLoD staff with required signatures in Section 5.
- Visit camilod.ca for the current rate scheme and for details on CAMilLoD's Commandments and Guidelines.
- CAMiLoD is a shared core facility operating in BioSafety Level 2 laboratory space, offering various services and instrumentation for analyzing samples from different sources.
- Ensuring the safety of the staff and users of the facility is of paramount importance. As such, information regarding sample sources and infectious agents is critical for effective Biosafety risk assessment.
- International institutions may need to submit additional documentation for the biosafety risk assessment.
- All users must provide verification of current WHMIS and Biosafety as well as any other applicable safety training required by UofT EHS (e.g., X-ray safety), and complete the corresponding Addendum, prior to requesting building and facility (FOB) access and commencing any work at the facility. These training certifications must be renewed annually to ensure uninterrupted FOB access privilege.
- Users from labs that do not have an active UofT biosafety permit are required to obtain **HAZARD CLEARANCE** approval from the University of Toronto's Biosafety Office prior to applying for use of the facilities.
- External users may incur additional costs for FOB access depending on their UofT affiliation status.
- We kindly request that CAMiLoD and the Faculty of Dentistry be acknowledged on all publications that show data generated using the service and/or systems at the facility. Please contact the CAMiLoD staff to obtain the acknowledgement statement for inclusion in publications and presentations.

SECTION 1: PRINCIPAL INVESTIGATOR

Name of Principal investigator: Telephone: Telephone (Emergency contact):

Email: Institution: Division/Department:

Status (choose from below): UofT Biosafety Permit #, if applicable:

Internal - Faculty of Dentistry

If external to UofT, institutional Biosafety or equivalent Environmental Health and Safety Office contact:

Contact name: Telephone: Email:

SECTION 2: BILLING INFORMATION

UofT researchers, please provide account details (will be confirmed prior to processing payment):

Cost Centre (CC):

Commitment Funds Centre (CFC):

Fund:

Business office: **Billing address:**

Contact name:

E-mail:

SECTION 3: FACILITY USER

First and Last name: E-mail: Position:

UTor ID [1]: Anticipated start date: Anticipated end date:

UofT Biosafety training [2] and medical certification status (please select from pull-down menu):

Will send upon completion

Note:

[1] UTor ID is required for completing UofT Biosafety & Chemical Safety training according to the EHS Training Matrix for Lab Personnel. Users external to UofT will be provided with a temporary UTor ID to complete the training prior to commencing onsite work.

[2] All users are required to keep their Biosafety & Chemical safety training and occupational health surveillance up to date. FOB access (to the Dentistry building and to CAMiLoD microscope labs) is contingent upon the training expiry date. Contact camilod@utoronto.ca for more information.

SECTION 4: PROJECT DETAILS

Project description - Provide details related to cells and chemicals used in the sample preparation (limit to one paragraph)

Service requirements (select all that apply):

- ☐ Microscopy (Wide-field, Confocal, AFM, and/or SEM [3])
- ☐ Fully serviced slide scanning - Batch scanning in brightfield or epifluorescence
- ☐ Histology - Paraffin/Plastic Processing, embedding and sectioning [3]
- ☐ Histology - Cryosectioning [3]
- ☐ Fully serviced spatial transcriptomics analysis with 10x Genomics Xenium
- ☐ Mechanical and/or Microhardness testing [3]
- ☐ NeoScan N80 Micro-CT scanner
- ☐ Other (specify below)

Note:

[3] Assisted service is offered at additional cost; Refer to CAMiLoD Training Fees for details

Sample fixation status (select all that apply):

- ☐ Fixed cells/tissue
- ☐ Unfixed (live cells/tissue)
- ☐ Other - indicate type and duration of treatment, including dosage details below:

Species: (select all that apply)

- [ ] Mouse
- [ ] Rat
- [ ] Human
- [ ] Other (specify:

Cell/tissue type: (select all that apply)

- [ ] Commercial cell line
- [ ] Soft tissue (e.g. muscle, lung)
- [ ] Hard tissue (e.g. teeth, bone)

For fixed tissue/cells, provide details of the fixation method used, including name of the fixative, concentration, duration, and temperature (attach additional page if necessary):

Has this project been reviewed by the Institutional Biosafety Committee for human material or for cells of animal origin?

No

If yes, please give the BSL level assigned and provide documentation: BSL-3

Does the sample contain any known infectious agents?

No

If yes, please list the agents.

Are these samples of human origin?

No

If yes, were the donors screened for blood-borne pathogens (HIV, etc.)?

No

If screened for BBP, please indicate the screening method used, if known (e.g. serology, PCR).

Has the infectious agent been inactivated?

Not Applicabl

If yes, describe the inactivation method

Were the cells transformed using a virus such as EBV or HTLV-1?

No If yes, list virus:

Were the cells genetically engineered?

No

If yes, how were they engineered?

Was a virus used (adenovirus, retrovirus, lentivirus, herpes virus, etc)?

No

If a virus was used, list the virus and give a brief description of the system:

SECTION 5: SIGNATURES

The Principal Investigator, staff member performing the experiment and if external to the University of Toronto, the Institution's Biosafety Officer must sign below:

As the **Principal Investigator** on this project, I declare that I am familiar with Laboratory Biosafety Guidelines 3rd Edition - 2004, and that the above describes my research program, insofar as this includes the use of hazardous biological agents and materials, in its entirety. I will ensure that all procedures performed under the project will be conducted in accordance with all relevant University, provincial, national and international policies and regulations that govern research involving biological agents. Any major deviation from the project as originally approved will be submitted to the Biosafety Chair for approval prior to its implementation.

Principal Investigator Name (print) **Signature PI** **Date**

As the **Researcher** performing the experiment, I declare that I am familiar with Laboratory Biosafety Guidelines 3rd Edition - 2004, and will follow guidelines and procedures which ensure compliance with all relevant University, provincial, national and international policies and regulations that govern research utilizing biological agents.

Name of Researcher (print) **Signature Researcher** **Date**

As the **Biosafety Officer**, I am aware of the proposed activity. The staff member will follow guidelines and procedures which ensure compliance with all relevant University, provincial, national, and international policies and regulations that govern research utilizing biological agents.

Name of Biosafety Officer (print) **Signature BSO** **Date**

SECTION 6: UofT EHS APPROVAL - UofT Biosafety Office Use Only

Select and Circle: AP (Approved); CA (Conditionally Approved); RS (Review and Resubmit)

☐ AP or RS ☐ AP or CA or RS Conditions and Comments:

University Biosafety Officer **University Biosafety Committee Chair or Appointee**

Date **Date**

Approval No. Cont. Level Expiry Date