

**The LKS Cryo-EM Laboratory**

**Safety information of Sample**

**Principal Investigator Information**

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| --- | --- | --- | --- |
| PI name |  | | |
| Department |  | | |
| Email \* |  | Phone |  |

**Project Information**

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| --- | --- |
| Sample Categories | 🞎Protein/protein complex/Nucleic Acid  🞎Live Cell/Fresh Tissue/Bacteria  🞎Whole Virus  🞎Fixed Cell/Tissue  🞎Non-organic 🞎Others\_\_\_\_\_\_ |
| Technology applied | 🞎 Room Temperature EM 🞎 Cryo-EM SPA  🞎Cryo-EM Tomography 🞎 MicroED  🞎 Others\_\_\_\_\_\_\_\_\_ |
| Project Title |  |
| Project Descriptions (please limit to 300 words max.)   * Please note that this form is specific to the current project only. | |
| Safety information of Sample   * The safety information of your sample is essential for the LKS Cryo-EM lab. **Please note that our lab operates at biosafety level 1. Before starting a new project, it is necessary to assess the safety information of your sample**. * **Samples in the categories of Live cells/Fresh tissue/Bacteria, and whole virus, will be assessed by the safety office**. For the assessment, please provide detailed information on cell lines, names of viruses, tissue sources, virus inactivation methodologies, virus activity detection methods, etc. * Samples in the categories of Protein/Protein complex/Nucleic Acid, Fixed cells/Tissues, and Non-organic, will be assessed by the LKS Cryo-EM lab. To facilitate the evaluation, please provide the name(s) of the protein/protein complex, protein expression system, purification procedure, fixation procedure of cell/tissue, crosslinking procedure, and other relevant details. * Please note that buffer information is also needed if applicable. * Thanks for your cooperation in ensuring the safety of individuals and the facilities | |

I certify that the above information provided is correct to the best of my knowledge.

Signature of PI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Successful applicants will receive confirmation via email.

**For core staff:**

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| --- | --- |
| Reviewed by: | Date: |
| Approved by: | Date: |
| Reference No: |  |