



**HKU  
Med**

LKS Faculty of Medicine  
Centre for PanorOmic Sciences  
香港大學泛組學科研中心

## The LKS Cryo-EM Laboratory Safety information of Sample

### Principal Investigator Information

PI name			
Department			
Email *		Phone	

### Project Information

Sample Categories	<input type="checkbox"/> Protein/protein complex/Nucleic Acid <input type="checkbox"/> Live Cell/Fresh Tissue/Bacteria <input type="checkbox"/> Whole Virus <input type="checkbox"/> Fixed Cell/Tissue <input type="checkbox"/> Non-organic <input type="checkbox"/> Others_____
Technology applied	<input type="checkbox"/> Room Temperature EM <input type="checkbox"/> Cryo-EM SPA <input type="checkbox"/> Cryo-EM Tomography <input type="checkbox"/> MicroED <input type="checkbox"/> Others_____
Project Title	
Project Descriptions (please limit to 300 words max.) <ul style="list-style-type: none"><li>• Please note that this form is specific to the current project only.</li></ul>	

#### 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.

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**For core staff:**

Reviewed by:	Date:
Approved by:	Date:
Reference No:	