Safety form for the Protein Analysis Unit at the Weizmann Institute of Science

Head of Project

Full name:
Institution:
Department:
Work phone:
Cellular phone:
E-Mail address:

Student, staff, physician, scientist and guest

Full name:
Institution:
Department:
Work phone:
Cellular phone:
E-Mail address:

Please describe your project shortly:
Samples Types to be measured in the Protein Analysis Unit

Species:
Type:
Status of the cells (freshly prepared, cultured from fresh, blood bank, long term cell lines):
Are the cells checked for HIV, HBV or Malaria?
Are the cells fixed and with what?
Potential risk factors, please specify:
Are they treated with any viral vectors, please specify:

Negative for Prion disease (Creutzfeldt-Jacob disease), specify:

Carcinogenous or poisonous materials in the sample apart from the cells, specify: