

Date:

**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: