E_{crt}D Biosafety Form

User Information

First Name		Last Name	
Institution		Group Leader/ PI	

Project information

Short title		BS-Code	

Preparation	In vivo	Acute	Culture	
System	Single well MEA	Multi well MEA	CMOS	Patch
Stimulation	Pharmacological	Electrical	Optical	Mechanical
Rooms	0.223 (recording)	0.224 (cell culture)	1.127 (recording)	

I certify that I have permission to conduct the procedures in the specified rooms.

Specimen specifics (species, age(-range), organ, cell type, cell line, media change interval, …)			
I am aware of and work in accordance with the **Nagoya Protocol**	No	Yes	
If **primary human**, tested for blood-borne pathogenes?	☐ No	Yes	Unknown
Does your sample originate from a **GVO***? Does your sample contain **GVOs***? **Genetically modified organism as by the German "Gentechnik-Gesetz"*	No	Yes	
	Specify approval #, project leader		
If yes, where do you dispose the GVO material?	Facility	Home Lab	

Risk group (RG) of samples (S1/S2 GenTG, BSL-1/2 BioStoffV)	☐ RG1 ☐ RG2 If **primary human**, Registry Number (Aktenzeichen SMEKUL/ Landesdirektion):
List potentially harmful chemicals or toxins that you plan to use.	

I certify that the samples contain no infectious or hazardous material, other than specified.

Does the preparation and/ or recording procedure qualify as **animal experiment***? *as by the German "Tierschutz-gesetz" and "Tierschutzversuchstier-verordnung"	No	Yes
	Specify approval #, project leader	

I certify that, before the start of any animal experimentation procedures, all facility members undertaking these, are listed as experimenters on the respective animal experimentation license. The respective license, including its accompanying documents, was made available to the facility at least 24 hrs prior to scheduling the appointment for the first experimental procedure. To allow for continuation of documentation, involving procedures conducted in the facility by facility staff, hitherto existing animal experimentation documents, including score sheets, will be provided for each individual subject when introduced to the facility.

_____ _____

User, date User's group head/ PI, date