



**UNIVERSITÄTS  
KLINIKUM FREIBURG**



### Lighthouse Core Facility

Zentrum für Translationale  
Zellforschung (ZTZ)  
Breisacher Straße 115  
79106 Freiburg



### Bio-Imaging Light Microscopy Core Facility (BiMiC)

Institute for Disease Modeling and  
Targeted Medicine (IMITATE)  
Breisacher Straße 113  
79106 Freiburg

## Biosafety Questionnaire for Lighthouse Core Facility and the Bio-Imaging Light Microscopy Core

**Lighthouse** and the **Bio-Imaging Light Microscopy Core** are multi-user **Core Facilities** where many different samples from various sources that may contain known or unknown human pathogens are investigated. The safety of facility personnel and users is of ultimate concern. Information about the sample sources and potentially infectious agents is critical for biosafety measures to be effective. Consequently, this sample information form must be filled out completely and signed by the laboratory director who is requesting samples to be handled in the Core Facilities before projects are started. The same biosafety questionnaire will be kept on file, provided none of the information it contains has changed.

### Laboratory Director (Principal Investigator)

\_\_\_\_\_ date

\_\_\_\_\_ signature

Name	
Phone	
FAX	
e-mail	

### Investigator (Experimenter)

Begin of Project

\_\_\_\_\_ date

\_\_\_\_\_ signature

End of Project

\_\_\_\_\_ date

\_\_\_\_\_ signature

Name	
Phone	
FAX	
e-mail	

**Laboratory Location (Address):**

---

**Project Title (if any):**

---

---

**Sum**

**Summary or description of project:**

Provide details related to cells that will be investigated. Limit to one paragraph.

**List type of sample and source**

(i.e. human peripheral blood mononuclear cells, cells from an animal engrafted with human cells etc.)

**Primary cells derived from mice**

YES

NO

**List facility where mice were kept:**

