

研究資源整合發展中心 BSL-2 級核心生物性實驗室申請表

申請資料

申請單位			
計畫名稱			
計畫主持人		實驗操作者	請列出所有需進入 BSL-2 實驗室人員
聯絡電話		聯絡電話	
電子信箱		電子信箱	
申請日期		歸還日期	計劃截止日期
實驗室地點 (此欄由審核單位填寫)	第一教學大樓十二樓	<input type="checkbox"/> N1204	<input type="checkbox"/> N1206
	國際學術研究大樓八樓	<input type="checkbox"/> IR826	<input type="checkbox"/> IR827

開放時間：週一至週日

申請辦法：

1. 本實驗室設置之目的以提供操作風險性較高之 RG2 及 BSL-2 感染性生物材料之研究為主，一般常規研究使用之 BSL-2 級細胞株及相關基因重組實驗，經本中心評估後視其風險程度考量借用，其他化學性及放射性實驗禁止申請使用。
2. 凡本校教職員工申請科技部、衛生福利部、院內計畫及其他單位經費補助之計畫主持人，需填具此申請書並檢附計畫之中英文摘要、詳細之實驗方法、感染性生物材料之等級證明、及操作人員生物安全能力認證證書，方可申請，並請附上操作人員含有照片之證件影本。
3. 本實驗室設置於第一教學大樓十二樓 1204 室和 1206 室，以及國際學術研究大樓 8 樓 IR826 室和 IR827 室。為避免感染性生物材料產生基因重組與交叉感染之危險，統一由本中心指定固定之實驗室進行操作。
4. 申請人請於使用前兩個禮拜以實驗室為單位提出申請，經本中心及諮詢委員審查核可後接獲通知即可使用。
5. 一般常規實驗借用每次使用以 4 小時為單位，上半天為上午八點至中午十二點，下半年為下午一點至五點，夜間為晚上六點至十點。若需要連續使用之特別實驗，請洽管理單位安排時間。
6. 申請通過後，由本中心設定操作員個人門禁卡，進出實驗室請使用自己的門禁卡。
7. 嚴禁任意借與他人門禁卡，如經查證屬實，將按照本中心 BSL-2 級核心生物實驗室管理辦法，處以適當罰則，以維護其他使用人之權益。
8. 使用期間，本中心提供固定之物品存放空間，但本中心不負責保管私人物品。使用期滿，請將不屬於原本實驗室內之私人物品帶走，並保持實驗室之整齊與清潔。
9. 操作人員需受過生物安全或相關實驗之訓練，實驗室內儀器設備皆可使用，儀器設備損壞操作人或其直屬計畫主持人應負賠償責任。
10. 本中心保有審查及取消申請人使用資格之權力，若遇其他重大違規者，經本中心開會決議後再另行通知。其他最新消息請參閱本中心網頁：<http://crrd.kmu.edu.tw>

申請者閱畢簽名 _____

管理人員	組長	主任	
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KMU Application Form for use of Stem cell and BSL-2 laboratory

RECIPIENT

Recipient Scientist: _____

Recipient organization: _____

Address: _____

This application sets forth the terms and conditions under which the Center for Research Resources and Development of KMU will provide the recipients, and the recipients will perform the experiment following to the conditions as described below, with which the recipients agree before the recipients perform the experiments.

1. The recipient shall use the materials for the following specific purpose:

(1)Grant name: _____

(2)Purpose: _____

2. The recipient shall inform the Center for Research Resources and Development of KMU for its written consent on the usage of the biological materials for any purposes than the purpose specified above.
3. The recipient shall use the following biological materials:

Cells: (依據實驗材料填入所有使用之 **cells, virus or bacteria**，並註明這些材料的來源，例如來自 **human, Rat, Mouse or Rabbit**)

以 Lentivirus 的實驗為例，實驗中使用到的細胞，除了 target cell 要列出來外，用來表現蛋白質的 293T cell 也要列出來。

Recombinant DNA:

請寫出(1)Vector 的名稱(實驗中所需要用到之所有 Vector 名稱都要列出來，若有特殊狀況請註明清楚)

(2)切位點(請寫出和附上 **gene restriction map**，並在 **map** 上標出切位點)

(3)註明插入什麼基因

Recombinant Virus:

此欄位是指有做兩隻病毒雜交的實驗，若是沒有做此實驗，則不用填寫。若有特殊狀況請先與管理人員討論。

Others:

4. The following member of the recipient shall use the Stem cell and BSL-2 laboratory:

請列出所有會進 BSL-2 實驗室人員名字

5. The recipient shall use the Stem cell and BSL-2 laboratory for the following period:

From _____ to _____

6. The recipient shall attach the copy of the permission document for use of recombinant materials from the government or KMU safety committee when the recipient will apply.
7. The recipient is prohibited the animal experiment using recombinant DNAs and viruses in this laboratory since this room is BSL-2. Moreover the recipient shall not use the biological materials for diagnosis or treatment of human or other direct application to human bodies or as food source for humans.
8. The Center for Research Resources and Development agree with the access to the biological materials and the laboratory only to those co-workers and students who work for the purpose specified in (1) above under the direct supervision and responsibility of the Recipient.
9. The Center for Research Resources and Development office shall investigate the safety of the Stem cell and BSL-2 laboratory. When the Center for Research Resources and Development office shall notice some problems of the recipients, the committee of the Center for Research Resources and Development can prohibit the recipient to use the Stem cell and BSL-2 laboratory.
10. The recipient agrees that any handling or other activities undertaken in their laboratory with the biological materials and its derivatives shall be conducted in compliance with all applicable laws, regulations and guidelines. The recipient shall, if necessary, take any steps or procedures to comply with legal requirements for handling of the biological materials and the laboratory.
11. Both parties shall discuss in good faith to enable the amicable resolution of matters, arising in connection with the interpretation or performance hereof as well as the matters which are not expressly set forth in this agreement.

The recipient and the Center for Research Resources and Development of KMU do hereby two original copies of this agreement and each party holds one signed copy.

The Center for Research Resources and Development of KMU

100 Shih-Chuan 1st Road, San Ming District, 807 Kaohsiung, Taiwan.

Name : Hsiao-Ting Lee

Title: Technical Specialist

Signature: _____

Date: _____

Name of Authorized Representative: Eing-Mei Tsai

Title: Director of CRRD

Signature: _____

Date: _____

Recipient

Organization: _____

Name of Scientist: _____

Signature: _____ 此欄請填寫計劃主持人的名字

Date: _____

Name of Authorized Representative: _____

Title: _____ 此欄請填寫計劃主持人單位系所的主管名字

Signature: _____

Date: _____