

**NWU Office for Research support – Ethics committee**

**NWU CELL LINE REGISTRATION FORM**

**Document for the registration of cell lines (of human or animal origin) for use in research projects.**

**The following cases are excluded and are subject to standard HREC or ANIMCARE ethics approval:**

1. **Establishing and/or use of primary cell cultures (except when purchased from a commercial source).**
2. **Potential commercialization of a cell line developed from a primary cell culture.**
3. **Any genetic manipulation of a cell line.**
4. **Infection with micro-organisms which may be biohazardous to humans/others.**

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# Date of registration

|  |  |  |  |  |  |  |  |
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# Section 1: User information

1.

## Primary researcher

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

## Other researchers

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

## Technicians

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

|  |  |
| --- | --- |
| Name and Surname |  |
| Title |  |
| Research entity |  |
| Position |  |

## Facilities

|  |  |
| --- | --- |
| **Building** | **Room** |
|  |  |
|  |  |
|  |  |

## Biosafety classification of laboratory

|  |  |
| --- | --- |
| **Biosafety level** | **X** |
| Biosafety level 1 |  |
| Biosafety level 2 |  |
| Biosafety level 3 |  |
| Biosafety level 4 |  |

# Section 2: Cell line information and classification

1.

## Cell line information, availability and lines in use (X)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Bio-safety level** | **ATCC Catalogue number** | **ECACC Catalogue number** | **Cell lines available****X** | **Cell lines** **in use** **X** |
| 143B (Human: bone; Osteosarcoma) | 1 | CRL-8303™ |  |  |  |
| A-375 (Human: skin; Malignant Melanoma) | 1 | CRL-1619™ |  |  |  |
| A549 (Human: lung; Carcinoma) | 1 | CCL-185™ |  |  |  |
| BE(2)-M17 (Human: Brain cells from bone marrow; Neuroblastoma) | 1 | CRL-2267 |  |  |  |
| C212 (Human: Muscle; Myoblast) | 1 | CRL-1772 |  |  |  |
| Caco-2 (Human: colon; colorectal adenocarcinoma) | 1 | HTB-37™ | 86010202 |  |  |
| H2.35 (Human: Liver; Epithelial) | 2 | CRL-1995 |  |  |  |
| HaCat (Human: Keratinocytes) | 1 |  |  |  |  |
| HEK-293 (Human: Kidney; Embryonic) | 2 | CRL-1573™ |  |  |  |
| HeLa (Human: Cervix; Adenocarcinoma) | 2 | CCL-2™ |  |  |  |
| HepG2 (Human: Liver; Hepatocellular Carcinoma) | 1 | HB-8065™ |  |  |  |
| HepaRG™ Cells (Human: liver; terminally differentiated hepatic cells derived from a liver progenitor cell line) |  |  |  |  |  |
| HepG2/C3A (Human: liver; hepatocellular carcinoma) | 1 | CRL-10741™ |  |  |  |
| HL-60 (Human: Blood myeloblastic cells; leukemia) | 1 | CCL-240 |  |  |  |
| Human Hepatocytes (Cryopreserved) |  |  |  |  |  |
| HUVEC (Bovine: Brain; Umbilical vein/vascular endothelium) | 1 | CRL-1730™ |  |  |  |
| JM1 (Human: Lymphoblast; B Cell Lymphoma) | 1 | CRL-10423™ |  |  |  |
| LLC-PK1 (Porcine: Kidney) | 1 | CL-101 |  |  |  |
| LS180 (Human: colon; colon adenocarcinoma) | 1 | CL-187™ | 87021202 |  |  |
| MCF7 (Human: Mammary Gland, Breast; Derived From Metastatic Site: Pleural Effusion; Adenocarcinoma) | 1 | HTB-22™ |  |  |  |
| MDCK (NBL2) (Canis familiaris: kidney) | 1 | CCL34™ |  |  |  |
| RD (Human: Muscle; Rhabdomyosarcoma) | 1 | CCL-136™ |  |  |  |
| SH-SY5Y (Human: Bone marrow epithelial; Neuroblastoma) | 1 | CRL-2266 |  |  |  |
|  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |
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## Planned use of cell lines

|  |  |
| --- | --- |
| **Use** | **X** |
| Drug absorption |  |
| Drug metabolism |  |
| Toxicity studies |  |
| Cell signalling studies |  |
| Tissue repair studies |  |
| Gene expression studies |  |
| Enzyme activity studies |  |
| Training purposes |  |
| 3D Cell culture studies |  |
| Xenografts |  |
|  |  |
| **Other (specify):** |  |
|  |  |
|  |  |
|  |  |

# Section 3: Waste removal

## 3.1. Reference to SOP

### Please attach the SOP to be followed for the handling of all cell culture waste, if available.

|  |  |
| --- | --- |
| SOP number | N.A. |

## 3.2. Alternative description of waste removal procedures

|  |
| --- |
|  |

# Section 4: Declarations

1.
2.

## I declare that the information provided above is complete and correct.

|  |  |
| --- | --- |
| Yes | No |

## I declare that all persons working with the cell cultures are fully informed and trained.

|  |  |
| --- | --- |
| Yes | No |

## I declare that all relevant procedures for the safe use and disposal of cell culture material are in place.

|  |  |
| --- | --- |
| Yes | No |

## Signatures

### Primary researcher

|  |
| --- |
| **Name (Title, Full name and Surname)** |
|  |
|  | CCYY – MM – DD |
| **Signature** | **Date** |

### Ethics office

|  |
| --- |
| **Name (Title, Full name and Surname)** |
|  |
|  | CCYY – MM – DD |
| **Signature** | **Date** |

# Section 5: Amendments

### Any amendments to the document should be indicated in colour and resubmitted to the ethics office with an accompanying cover letter explaining the amendments.

|  |  |
| --- | --- |
| **Date of amendment** | **Name and Surname** |
|  |  |
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