

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

**REGISTRATION OF NWU STUDENTS WORKING WITH CELL LINES**

**Document for the registration of students using cell lines (of human or animal origin) 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 original cell line registration

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C | C | Y | Y | M | M | D | D |

# Date of student registration

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| C | C | Y | Y | M | M | D | D |

# Section 1: Original cell line registration information



## Primary researcher

|  |  |
| --- | --- |
| 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: Student information



## Student details

|  |  |  |
| --- | --- | --- |
| Name and Surname |  | |
| Student number |  | |
| Level of study (MSc., etc.) |  | |
| Research entity |  | |
| Supervisor/Promoter |  | |
| Title of study |  | |
| Approved by research committee | Yes | No |
| Date of approval |  | |

## Ethics training

|  |  |  |
| --- | --- | --- |
| Training received? | Yes | No |
| Entity providing training |  | |
| Date of training |  | |

### 

### **Please attach proof of training.**

## Cell culture training

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Training received? | Yes | | No | |
| Trained by (Title, name and surname) |  | | | |
| Date of training |  | | | |
| Biosafety level of training | 1 | 2 | 3 | 4 |

### If not trained yet, please indicate planned training:

|  |  |
| --- | --- |
| Training by (Title, name and surname) |  |
| Proposed date of training |  |

# Section 3: Declarations



## 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

### Student

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

### Supervisor/Promoter

|  |  |
| --- | --- |
| **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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |