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Revision #1.0(06.02.2020)

SOP TITLE: B300 & B407 Tissue Culture Core

AUTHOR(S): Heather L. deFeijter-Rupp

APPROVED BY:

STANDARD OPERATING PROCEDURE

Research Group: Pharmacology & Toxicology

Author: Heather L. deFeijter-Rupp

Last revision date: ________________________

Room and Building: B300 & B407 Tissue Culture Cores Life Science Building

Contact Information: Core manager Heather, 517-884-8023/517-749-3036 rupph@msu.edu

Section 1: This standard operating procedure is for

☐ Use of Tissue Culture Cores

Section 2: iLabs

https://my.ilabsolutions.com/account/login

Set up an account prior to your experiment to assure availability of the equipment.

Section 3: Potential Hazards

PortionPac Germicidal is used to clean this core after each use. Please wear gloves when spraying surfaces you have used to avoid potential irritation to the skin.

Section 4: Personal Protective Equipment

- Chemical resistant gloves for cleaning surfaces
- Masks should be worn to prevent potential contamination to equipment and exposure to others you are around.

Gloves are located on bench next to sink.

If you do not have a mask, please request one prior to using the core.
Section 5: Engineering Controls

- Only 1 person in room B300 and 3 people in B407.

Section 6: Exposure Procedures

Skin exposure: For small, uncomplicated skin exposures of low toxicity chemicals, rinse affected skin with plenty of water. If allergic reaction occurs seek medical attention and/or proceed as directed by your PI or lab manager.

Section 7: Material Safety Data Sheet / Safety Data Sheet PortionPac


Section 8: Protocols

Please turn UV light on 30-45 minutes prior to using a hood and slide the hood to “occupied”. Area should be clean and tidy when you enter, please contact Heather in B442 if it is not. When you finish your work, please wear gloves and spray all surfaces potentially touched, wait 5 minutes and wipe with paper towel. Dispose of paper towel in the trash.

Thank you for your cooperation!

Section 13: SOP Review and Prior Approval

I, the PI/Supervisor, grant the following laboratory personnel approval to perform the above SOP

Name: Heather L. deFeijter-Rupp

PI/Laboratory Supervisor signature: ___________________________ Date: ____________

I have reviewed and understood this Standard Operating Procedure, and agree to abide by the protocols described herein:

Signature: ___________________________ Date: ____________

Signature: ___________________________ Date: ____________

Signature: ___________________________ Date: ____________

REVISION COMPLETED BY: