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POLICY NUMBER: PHM/TOX-006

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 prson 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**

<https://portionpacorp.com/wp-content/uploads/2016/06/PortionPac-SAFETY-DATA-SHEET-200-12-01-15.pdf>

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: