



Stem Cell Center
Research for Better Health

Code of Conduct

Contact Info:

Name _____ Title _____

Email _____ Lab Phone No. _____

PI, Department _____ Emergency No. _____

FAU to which Core usage will be charge: _____

Signature of the PI: _____

Stem Cell Core Code of Conduct

I understand that:

- The Stem Cell Core Facility is a CIRM shared Stem Cell Core facility which is operated by the Director, Academic Coordinator, and Core Staff.
- Only work involving **stem cells** is done in the Core (except for work on the Luminex200)
- I will go through “bootcamp” training with the Academic Coordinator before working in the Core.
- I can only use the Core equipment after I am trained, approved, and checked out by the Academic Coordinator, or his/her designated staff member.
- No equipment, instruments or any other tool can be removed from the Core.
- All supplies, media, cells etc must be paid for at the time of purchase. Staff will obtain sales items for you.
- I cannot allow others into the facility without permission of the Academic Coordinator or Core Staff.
- All paperwork approvals (MTAs, HRRB, BUA, SCUA, AUP) need to be completed and approved before work begins. You will need to provide approval numbers for all approvals before work begins.
- I cannot loan facility keys/fobs to others. Loaning of keys/fobs or any inappropriate behavior will result in immediate loss of access to the facility and loss of privileges.
- After each use, I will leave the lab/equipment clean and ready for the next user.
- I must label all items in refrigerators/freezers/shelves with my name/date, and I must keep refrigerator/freezer/shelve space neat and throw out unneeded items.
- Upon completing my project in the Core, I will return my key/fob to Heather McDermott in BNN. I cannot transfer my key/fob directly to another user. I will also clean out all of my materials from the Core.
- Access to the Core facility is a privilege which will be lost if any of the above conditions are violated.

In the space below please provide a 4-6 sentence summary of the project you will undertake. Include the names of the stem cells that you anticipate using and how long you expect the project to take:

Approvals for stem cell work:

For each line listed above, please provide the following information (approval number):

Cell Line:

SCUA: _____

HRRB: _____

BUA: _____

AUP (if appropriate): _____

MTA/SLA: _____

Cell Line:

SCUA: _____

HRRB: _____

BUA: _____

AUP (if appropriate): _____

MTA/SLA: _____

Cell Line:

SCUA: _____

HRRB: _____

BUA: _____

AUP (if appropriate): _____

MTA/SLA: _____

Cell Line:

SCUA: _____

HRRB: _____

BUA: _____

AUP (if appropriate): _____

MTA/SLA: _____

Cell Line:

SCUA: _____

HRRB: _____

BUA: _____

AUP (if appropriate): _____

MTA/SLA: _____

Publications:

I will notify Drs. Prue Talbot and the Academic Coordinator of any publications/abstracts that result from use of the Core and will provide a link to the publication or a pdf copy. CIRM would appreciate acknowledgement of use of the UCR Stem Cell Core in publications. The UCR Stem Cell Center would also greatly appreciate being included as an affiliation on your publications, as appropriate.

Policy and Protocols.

- Review of Core Policy and Code of Conduct
- Laboratory Core Safety Course (Online Course Offered by EH&S)
- Blood Borne Pathogen Course (online)
- Approval of necessary **stem cell protocols: BUA, HRRB, SCUA and AUP, plus **SLA/MTA.****
- Boot camp training
Equipment Check Out _____
- Brief description of research and proposed timeline
- Completion of Human Embryonic Stem Cell Training Course
- Other _____

Signature: _____

Date: _____

Academic Coordinator: _____

Core Director: _____



Stem Cell Center
Research for Better Health

Key/FOB Check Out

Contact Info:

Name _____ Title _____

Email _____ Lab Phone No. _____

PI, Department _____ Emergency No. _____

(1) Core Keys/FOBS:

**** Keys/FOBS are issued to approved researchers (PIs, Postdocs, graduate students) only by Heather McDermott in BNN and will NOT be utilized by others for any reason.**

A breach in the security system will result in revoked facility usage. Loan of facility access devices to others will result in immediate loss of access to the facility and loss of privileges. No equipment, instrument or any other tool is to be removed from the Core. **

Key Device

Date _____

(2) Recharge/Funding:

Account/Fund: _____

Applicant: _____ **Date:** _____

Academic Coordinator: _____

Director: _____



Stem Cell Center
Research for Better Health

Space Assignment and Equipment Check Out

(1) Space Assignment:

Space assignment in the Core is based on users needs. Preference is given to those working with human pluripotent stem cells. Space may be reassigned by the staff as needs/applicants change.

<input type="checkbox"/> Tissue Culture	
<input type="checkbox"/> Dry/Disposable Storage	
<input type="checkbox"/> Refrigerator/ Freezer Storage	

(2) Equipment Check Out:

(Approval by the Academic Coordinator)

<input type="checkbox"/> Cell Biology*	
<input type="checkbox"/> Molecular Biology**	

<input type="checkbox"/> Imaging***	

Signature: _____

Date: _____

Academic Coordinator: _____

Core Director: _____

* SC Quanta Flow Cytometer, Biostation CT, autoMACS Pro Separator, Cell Counter

** Luminex 200, Epoch Luminometer, Fluorometer, CFX384 QPCR, Nucleofector Amaxa

***Nikon Eclipse TI, Nikon Stereoscope (SMZ800), CytoVision Karyotyper