

# Downstate Biotechnology Incubator Application

Business Name: \_\_\_\_\_

## SECTION I: CONTACT INFORMATION

<b>Contact Person</b>				
Dr. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	<b>First Name</b>	<b>Last Name</b>
<b>Phone #:</b>		<b>Mobile Phone #:</b>		<b>Email:</b>

## SECTION II: BUSINESS INFORMATION

<b>Current Business Address:</b>		
_____		
<i>Number and Street</i>		
_____		
<i>City, State and Zip Code</i>		
_____	_____	_____
<i>Phone #</i>	<i>Fax #</i>	<i>Email</i>

### Principal #1:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

### Principal #2:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

### Principal #3:

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
Ms. <input type="checkbox"/>	_____	_____	_____
<i>Ownership (%)</i>	<i>Phone #</i>	<i>Email</i>	

*Please attach separate sheet(s) for any additional Principals.*

**Other Person(s) Authorized to Negotiate/Contract on behalf of Business:**

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	_____	_____	_____
Ms. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
	_____	_____	_____
	<i>Phone #</i>	<i>Email</i>	

Dr. <input type="checkbox"/>	_____	_____	_____
Mr. <input type="checkbox"/>	_____	_____	_____
Ms. <input type="checkbox"/>	_____	_____	_____
	<i>First Name</i>	<i>Last Name</i>	<i>Title</i>
	_____	_____	_____
	<i>Phone #</i>	<i>Email</i>	

*Please attach separate sheet(s) for any additional authorized persons.*

Describe exactly what the Company will do in the space:

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Business Operations began/will begin in (month/year): \_\_\_\_\_ Incorporated in: State \_\_\_\_\_  
Year \_\_\_\_\_

Capitalization \$ \_\_\_\_\_ FY 20\_\_ Operating Budget: \$ \_\_\_\_\_ FY 20\_\_ Sales Revenues: \$ \_\_\_\_\_  
FY 20\_\_

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Research/Science \_\_\_\_\_ Tech/Other

**SECTION III: START-UP NY**

Are you interested in applying for START-UP NY? \_\_\_ Yes \_\_\_ No \_\_\_ Already a member of START-UP NY

If yes, describe how the Company will create a symbiotic relationship with SUNY Downstate Medical Center (e.g., internships, hiring graduates, collaborations, teaching, etc.).

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If the Company is not incorporated in New York State, has it registered with the New York Secretary of State as a "Foreign Company Doing Business in New York State"? \_\_\_ Yes \_\_\_ No

**SECTION IV: REQUIREMENTS**

Approximate Space Required: Wet Lab \_\_\_\_\_ SF Office/Other \_\_\_\_\_ SF Total \_\_\_\_\_ SF

Required Start Date of Occupancy (approx): Month \_\_\_\_\_ Year \_\_\_\_\_ Length of Occupancy (approx): \_\_\_\_\_ yrs

	<u>Required</u>	<u>Number (if applicable)</u>
Vacuum	<input type="checkbox"/>	_____
Fume Hoods (1 per lab)	<input type="checkbox"/>	_____
Biosafety Hoods	<input type="checkbox"/>	_____
Gas	<input type="checkbox"/>	_____
Benches	<input type="checkbox"/>	_____
Animal facility	<input type="checkbox"/>	_____
Other (specify):		_____

**NO RADIOACTIVITY CAN BE USED IN THE INCUBATOR**

**SECTION V: COMPANY OPERATIONS**

Please provide descriptions for each of the following as they pertain to your space usage and requirements. Attach additional sheets if necessary.

**HUMAN SAMPLES**                       **Not Applicable**

- Specimen type:**
- Blood
  - Body fluid  
Type: \_\_\_\_\_
  - Cell/Organ/Tissue  
(Both primary and commercially procured)  
Name: \_\_\_\_\_
  - Cell line/culture  
Name: \_\_\_\_\_

Known hazards and infectious agents and required Biosafety level for proper handling (e.g., HIV-1, HBV, HCV):

\_\_\_\_\_

\_\_\_\_\_

Describe measures to protect personnel: \_\_\_\_\_

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**INFECTIOUS AGENTS** (attach additional forms for each infectious agent)  **Not Applicable**

Is this agent infectious to animals?  No  Yes

Is this agent infectious to humans?  No  Yes

Does this agent elaborate a toxin?  No  Yes

Is there a vaccine available for use in humans against this agent or its components?

No  Yes \_\_\_\_\_

Identify any precautionary medical practices that will be implemented, if any \_\_\_\_\_

Identify all personnel who will work on this project, providing documentation indicating their level of training and experience in working with infectious agents. List all certifications required by FDNY, including C-14 Certificate of Fitness for Non-Production Chemical Laboratories:


If a bacterial agent, provide an antibiogram: (attach additional sheets as needed)

How is the infectious agent propagated in the laboratory?

Specify methods of inactivation/decontamination and disposal of the agent or contaminated materials:

How will the agent stored in your laboratory?

**ANIMAL WORK**  **Not Applicable**

Will you be working with animals? \_\_\_ Yes \_\_\_ No

If yes, where will this be done? \_\_\_\_\_

**RECOMBINANT DNA**  **Not Applicable**

Are recombinant DNA procedures used in your laboratory limited to PCR amplification of DNA fragments (i.e., no subsequent cloning of amplified DNA)?

Yes (Only check this if your recombinant DNA studies are exempt from restrictions described in the *NIH Guidelines for Research Involving Recombinant DNA Molecules*).

No (Please provide the following information using a separate table for each gene):

Biological source of DNA or gene (2):			
Name and function of the gene:			
Selectable marker			
Host:			
Cell/animal recipient:			
Assessment of levels of physical and biological containment (consult current <i>NIH Guidelines for Research Involving Recombinant DNA Molecules</i> at <a href="http://www.nih.gov/od/orca/toc.html">http://www.nih.gov/od/orca/toc.html</a> )	<input type="checkbox"/> Risk group 1	<input type="checkbox"/> BSL - 1	<input type="checkbox"/> Animal BSL-1
	<input type="checkbox"/> Risk group 2	<input type="checkbox"/> BSL - 2	<input type="checkbox"/> Animal BSL-2
	<input type="checkbox"/> Risk group 3	<input type="checkbox"/> BSL - 3	<input type="checkbox"/> Animal BSL-3

**TOXIC/HAZARDOUS SUBSTANCES**  **Not Applicable**

Name of the toxic/hazardous substance (include carcinogenic, mutagenic, teratogenic substances):  
Attach a Material Safety Data Sheet (MSDS) for each substance.

**Each Company must maintain on-site an up-to-date file of MSDS documents for each reagent in their lab.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this substance to be given to animals?  No  Yes

Amount of the substance to be kept in the laboratory:

Storage location:

Use location:

Inventory control procedure:

Method of deactivation:

Risk of human exposure and containment procedure?  
(describe measure to protect personnel)

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**FLOW CYTOMETRIC HAZARD ASSESSMENT**  **Not Applicable**

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1. Cells to be used:

- Fresh or frozen animal cell
- Fresh or frozen human cells
- Cell lines

2. If a cell line to be used, indicate name(s)/designation(s):

3. If the cells are from human donors, were the donors screened for bloodborne pathogens?

Yes; proceed to # 4

No; proceed to # 6

4. Any pathogens the sample may contain?

None

- HIV  HCV
- HBV  Other

5. Has the infectious agent been inactivated?

No

Unknown

Yes; describe method

6. Do the cells contain infectious agents such as viruses, bacteria, fungi, protozoa?

No

Yes; give name(s):

7. Were the cells genetically engineered?

- No
- Yes

Was a virus used?

- Adenovirus
- Lentivirus
- Retrovirus
- Herpes virus

**CHEMICAL USAGE** (detail types, quantities, and method of storage)  **Not Applicable**

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**The Company is responsible for the safe storage and handling of all chemicals, including appropriate disposal.**

**WASTE GENERATION**  **Not Applicable**

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[**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials, chemical waste or hazardous substances; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.]

Does your work generate waste that would be considered “regulated waste”? \_\_\_ Yes \_\_\_ No  
If “Yes”, detail types, quantities and disposal plan

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- Will the waste be autoclaved before leaving the facility? \_\_\_ Yes \_\_\_ No
- Will the waste be “red bagged” before leaving the facility? \_\_\_ Yes \_\_\_ No
- Will you have sharps disposal containers appropriately placed in your laboratory? \_\_\_ Yes \_\_\_ No

**The Company is responsible for the proper storage, handling and disposal of all regulated waste.**

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