UCF | Environmental Health and Safety
UNIVERSITY OF CENTRAL FLORIDA

SAFETY Meeting Minutes
IBC Committee
Zoom

MEETING TIME RECORDS

Meeting start time: 12/10/2025 3:00 PM
Meeting end time: 4:00 PM

VOTING MEMBER ATTENDANCE

Name of Regular/Alternate Member	Status (Member or Alternate)	Present by Teleconference?
Karl McKinstry	Member	Yes
Gregory Danyluk	Member	Yes
Melina Kinsey	Member	Yes
Kyle Rohde	Member	Yes
Stanley Haimes	Member	Yes
Hubert Salvail	Member	Yes
Judith Hecker	Member	Absent
Lane Coffee	Member	Yes
Yulia Gerasimova	Member	Yes
Teresa Krisch	Member	Yes

QUORUM INFORMATION

Number of SAFETY members on the roster:
Number required for quorum:

All members present by teleconference received all pertinent material before the meeting and were able to actively and equally participate in all discussions.

ATTENDANCE STATUS AND VOTING KEY

ABSTAIN:	Present for the vote, but not voting "For" or "Against."
ABSENT:	Absent for discussion and voting for reasons other than a conflicting interest.
RECUSED:	Absent from the meeting during discussion and voting because of a conflicting interest.
SUBSTITUTION:	When regular members and their alternate(s) are listed in the ATTENDANCE table above and an alternate member substitutes for the

	regular member this identifies the name of the alternate to indicate which individual is serving as the voting member for this vote. May be deleted if there are no substitutions.

GUEST NAMES
Sophia Vermeulen, Biosafety Specialist

Previous Meeting minutes approved: No

REVIEW OF SUBMISSIONS

Initial Protocol

1. Review of SPROTO202500000021

Title:	Intrathecal injection of Adenoviruses - Nichols
Investigator:	Jim Nichols
Submission ID	SPROTO202500000021
Funding:	• Name: National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), Grant Office ID: , Funding Source ID:
Agents:	• Adenovirus type 5
Agent Containment:	Biological Containment Levels: • Adenovirus type 5: BSL-2
Applicable NIH Guidelines:	• Section III-D-1-a • Section III-D-1 • Section III-D

a. **Description:** This protocol is a part of a larger project which aims to study the effects of T1DM on the peripheral nervous system. The research outlined in this protocol is designed to show the effects of constitutively active GSK3β (GSK3βS9A) in the peripheral nervous system of mice. This mechanism is important because GSK3β lies downstream of the insulin receptor and becomes activated when insulin signaling is reduced.

The objective of these studies is to replicate the pathological state seen in diabetic peripheral neuropathy and use this modeling system to study the downstream effects of perturbations in the insulin signaling pathway. To do this we will perform intrathecal injections of an adenovirus vector with a plasmid which codes for the constitutively active form of GSK3β in mice. These studies will be paired with additional studies which will use the STZ mouse model to replicate T1DM for a comparison of the pathological states.

b. **Determination:** Modifications Required

Moved: Yulia Gerasimova
Second: Teresa Krisch

c. **Required modifications:**
1. Exposure Assessment and Protective Equipment – The Committee is questioning the need for N95 respirators when working with a replication incompetent Adenovirus. Please clarify why personnel need N95 respirators.

d. **Votes:**

For:	9
Against:	0
Recused:	0
Absent:	1
Abstained:	0

Initial Protocol

2. Review of SPROTO202500000027

Title:	Lung-resident memory CD4 T cell protection against influenza - McKinstry
Investigator:	Karl McKinstry
Submission ID	SPROTO202500000027
Funding:	• Name: University of Central Florida Research Foundation, Inc., Grant Office ID: , Funding Source ID: • Name: National Institutes of Health (NIH), Grant Office ID: , Funding Source ID:
Agents:	• Influenza virus type A (Orthomyxoviruses) • Staphylococcus aureus • Streptococcus pneumoniae • Immune Tissue • Other Primary Cells • Chlamydia muridarum
Agent Containment:	Biological Containment Levels: • Streptococcus pneumoniae: BSL-2 • Staphylococcus aureus: BSL-2 • Chlamydia muridarum: BSL-2 • Other Primary Cells: BSL-2 • Influenza virus type A (Orthomyxoviruses): BSL-2 • Immune Tissue: BSL-2
Applicable NIH Guidelines:	• • Section III-D-4

a. **Description:** Our long-term goal is to better understand how to target the generation of lung-resident memory CD4 T cells through vaccination. This subset of memory cells is important in providing optimal protection against pathogens like influenza A virus because the cells pre-exist at the site of infection (the lungs) and can thus combat the virus while titers are still very low compared to traditional memory CD4 T cells that must first migrate from the systemic immune system to the lung, which can take about 4-5 days. Furthermore, we have evidence that lung-resident memory CD4 T cells can condition the inflammatory environment in the lung and thus have the potential to be harnessed by vaccination to ensure specific inflammatory signatures are present during recall infection. For influenza virus infection this is

important as virus-induced inflammation predisposes the lungs to severe bacterial superinfection, which is the major cause of severe disease and death in influenza patients. By vaccinating to generate lung-resident memory cells that can both combat influenza and establish a lung environment that can rapidly contain bacterial threats, next-generation vaccines will provide enhanced protection against influenza A viruses and their associated co-morbidities.

We have developed a robust mouse model in which to test whether properly activated CD4 T cells can prevent lethal synergy between influenza virus and bacterial infection in the lungs. Our experiments involve sublethal infection of mice first with a mouse-adapted influenza virus (day 0) followed by challenge with Streptococcus pneumoniae during the first or second week post-influenza infection. Control mice in experiments include single infection with only influenza virus or only bacteria. Both challenges are given intranasally to mice that are under light anesthesia inside of biosafety cabinet in a BSL-2 certified lab space. The mice are then monitored daily until they are used for analysis in experiments. Tissues are harvested in a biosafety cabinet in a BSL-2 certified lab space. The tissues are processed to generate single cell suspensions for flow cytometry analysis (the samples a fixed prior to running samples) or are processed to conduct mRNA analysis.

b. **Determination:** Approved

Moved: Melina Kinsey
Second: Stan Haimes

c. **Votes:**

For:	9
Against:	0
Recused:	0
Absent:	1
Abstained:	0

Amendment

3. Review of SAMEND202500000022

Title:	Amendment for SPROTO202400000024 - Sarute
Investigator:	Nicolas Sarute
Submission ID	SAMEND202500000022
Funding:	None

a. **Determination:** Approved

Moved: Karl McKinstry
Second: Melina Kinsey

b. **Votes:**

For:	9

Against: 0
Recused: 0
Absent: 1
Abstained: 0

De Novo Review

4. Review of SPROTO202500000030

Title:	Lyme disease diagnosis - M. Jewett
Investigator:	Mollie Jewett
Submission ID	SPROTO202500000030
Funding:	None
Agents:	• Borrelia burgdorferi • Human Derived Blood and Blood Types
Agent Containment:	Biological Containment Levels: • Borrelia burgdorferi: BSL-2 • Human Derived Blood and Blood Types: BSL-2
Applicable NIH Guidelines:	None

a. **Description:** Lyme disease is a debilitating, multi-stage infection caused by tick-bite transmission of the bacteria Borrelia burgdorferi. Accurate diagnosis is the greatest challenge to the treatment of Lyme disease. There is need for a user-friendly, reliable test that will provide doctors and patients with rapid and clear diagnosis of Lyme disease. The symptoms of Lyme disease overlap with a wide number of other diseases and therefore, Lyme disease cannot be diagnosed based on symptoms. Currently, diagnosis relies on detection of antibodies against B. burgdorferi in patient serum. However, these tests are labor intensive, require expertise for interpretation and are prone to false positive and false negative results. The goals of this project are to develop an innovative diagnostic test that includes direct detection of B. burgdorferi organisms as well as antibodies against B. burgdorferi and a hand-held detection system for definitive, rapid, in-clinic diagnosis of Lyme disease. The integrated system is anticipated to be the first point-of-care device to be able to diagnose a Lyme disease patient at any stage of disease. The project has great potential to reduce the public health burden of Lyme disease, as positive treatment outcomes increase and the potential for lingering long-term post-treatment complications decrease with early and accurate diagnosis.

b. **Determination:** Modifications Required
Moved: Greg Danyluk
Second: Karl McKinstry

c. **Required modifications:**
   1. Summary of Research - The summary needs to indicate the use of human blood.
   2. Exposure Assessment and Protective Equipment; Question 1.
      a. Remove the reference to tick removal since there are no ticks in protocol.
      b. While the description of consequences of exposure to Borrelia burgdorferi are adequately described, the consequences of exposure of BBP when working with human blood is not described. Need to include details on needle stick/mucous membrane exposure risks with human blood (HIV, etc.).
      c. Are the centrifuge buckets sealed and only opened in the BSC?

d. **Votes:**

For:	9
Against:	0
Recused:	0
Absent:	1
Abstained:	0

Initial Protocol

5. Review of SPROTO202500000026

Title:	Integrative multi-omic profiling of pilonidal disease - Meckmongkol
Investigator:	Teerin Meckmongkol
Submission ID	SPROTO202500000026
Funding:	• Name: Nemours Foundation, The, Grant Office ID: , Funding Source ID:
Agents:	• Human Skin
Agent Containment:	Biological Containment Levels: • Human Skin: BSL-2
Applicable NIH Guidelines:	None

a. **Description:** Pilonidal disease is a benign skin disorder that may present in various ways. The exact cause of pilonidal disease is unknown, but it typically presents between the ages of 15 and 35. More than 50% of patients will present with an acute abscess requiring incision and drainage. Unfortunately, the current operative procedures cannot ensure disease eradication or prevent recurrence. Furthermore, the molecular mechanisms that contribute to this disease process and disease recurrence

are poorly understood. Multi-omic approaches, including genomics, transcriptomics, proteomics, and metabolomics, are being widely used in both preclinical animal and clinical studies to investigate variations in genomics and expression profiles across entire systems. We propose to apply these tools to define the cellular and molecular landscape of human pilonidal disease biopsies collected during routine surgeries at Nemours Children's Hospital. All procedures have been approved by the Nemours Children's Health Institutional Review Board (IRB) and Institutional Biosafety Committee (IBC). The human samples will be processed for molecular and microbial analysis within the Nemours Biomedical Research labs located on the 5th floor of the UCF Burnett School of Biomedical Sciences Building.

b. **Determination:** Modifications Required

Moved: Lane Coffee
Second: Hubert Salvail

c. **Required modifications:**

1. Summary of Research –
   a. How will samples be transported from Nemours Children's Hospital to UCF BSBS building?
   b. You state, "The human samples will be processed for molecular and microbial analysis within the Nemours Biomedical Research labs…" Please elaborate on the type of processing (i.e. molecular analysis (nucleic acid extraction, gene expression, etc.), flow cytometry, histological analysis, and immunological analysis).

2. Tissues, Blood and Body Fluids - Are lab members DOT trained to package/ship the tissue samples. Please provide EHS a copy of their training certificates. If not, contact EHS for training information.

d. **Votes:**

For:	9
Against:	0
Recused:	0
Absent:	1
Abstained:	0

Amendment

6. Review of SAMEND202500000021

Title:	Amendment for SPROTO202200000046 - Alexander
Investigator:	Kenneth Alexander
Submission ID	SAMEND202500000021
Funding:	None

a. **Determination:** Approved

Moved: Lane Coffee
Second: Yulia Gerasimova

b. **Votes:**

For:	9
Against:	0
Recused:	0
Absent:	1
Abstained:	0

REVIEW OF OTHER AGENDA ITEMS

None