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To: [Crista Wadsworth](#); [David A Armanini](#); [Dawn Carter](#); [Gary Skuse](#); [Harman, Jennifer](#); [Jennifer Liedkie](#); [Judith Foster](#); [Kim Corbett](#); [Mary-Anne Courtney](#); [Paul Craig](#); [Sara Knowlden](#); [Viet Le](#); [Vinay Abhyankar](#); [Wade Narrow](#)
Subject: IBC Meeting notes 11/13/2020
Date: Monday, November 16, 2020 10:01:53 AM

IBC Meeting 11/13/2020

Attendees: Julie Tomas, Gary Skuse, Jennifer Harman, Dave Armanini, Dawn Carter, Jennie Liedkie, Kim Corbett, Narayan Wong, Paul Craig, Mary-anne Courtney, Shannon Lajuett, Viet Le, Cindy White

Andre Hudson/Julie Thomas Sars-CoV2 Saliva testing protocol changes

Background: Melinda Ward and Chris Denninger contacted Cindy White on Wednesday to discuss the saliva testing protocol for students on campus. Several details such as sampling location, sample handling and sample size were very different from what was discussed with the IBC at our original review. Julie and Andre along with Narayan agreed to meet with the IBC to discuss the status of their project.

Originally, sampling was planned to be done in the Student Health Center. Samples would be collected, treated with buffer and heated onsite. The 'safe' samples would then be transported to GSOLS for evaluation. With the first part being done in the health center, that portion is considered to be 'clinical'. Once the samples leave SHC and go to GSOLS, that is when the protocol becomes 'research'. The research portion is what the IBC will assess with regard to the project.

- Not long after the IBC meeting, discussions started to take place regarding a desire to use this test on a much larger scale with sample collection potentially being done in the field house.
- The number of tests that RIT wants to have done has grown to at least 30,000.
- There is a push to replace current testing protocols with saliva testing and use nasal swabs only to confirm positive results.
- The sheer number of tests being discussed is beyond what Andre, Julie and co. have capacity to handle.
- Samples would be stored in Narayan's area. Storage capacity is a potential concern.
- Shannon offered that she has refrigerator space that can be used if needed.
- The first step in the project to work with 'standards' to determine if the prep can be done in a reproducible way with consistent results.

The IBC determined that the research protocol that was discussed originally has not changed and no concerns were found, from an approval perspective, with regard to the potential quantity increase.

Clinical issues: (Outside of the scope of the IBC project approval but still a campus EH&S concern)

Discussion was had around how samples would be collected in 15 ml screw cap tubes.

- Would students be able to produce enough saliva?
- Collection tubes would be wiped down in case of external contamination.
- Collection would be monitored as it is now.
- Tubes would be labeled with bar codes and put directly in a rack.
- The rack would be placed directly in the water bath to heat the samples.
 - o Where would the water bath and storage refrigerators be located?
 - o Would a biosafety cabinet be used/needed?
 - o The water in the bath needs to be tested regularly for contamination.
 - If this happens and the bath is not in a biosafety cabinet, are we creating a hazard?
- Screw caps and large tubes would prevent the tops from coming off as they are warmed.
- Buffer would have to be in the tubes prior to sample collection to avoid adding it later.
- Will this be done in the field house and if so, where and how?

EHS will follow the progress of the testing and work to ensure the safety of all aspects going forward.