**NOTICE OF TERMINATION (NOT)**

**To be completed by Principal Investigator. Completed form should be submitted to IBBC UPM**

**1. Identification**

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| **Name of Principal Investigator (PI):** |  |
| **E-mail:** |  |
| **Faculty / Department:** |  |
| **Contact No:** |  |
| **IBBC Reference No.:** |  |
| **Project Title:** |  |
| **Identify Infectious and Potentially Infectious Agents/Materials, and Biological Toxins Materials:** |
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**2) Request for Notice of Termination**

I request **termination** of IBBC approval.

Infectious and potentially infectious agents/materials, and biological toxins materials:

 Dispose Store (Inventory form)

Describe method of disposal:

**3) Adverse Events**

a) Have any adverse events occurred since the project approval or last request for project extension approval?

Yes No

b) If so, was an Incident Reporting form submitted to the IBBC as required by the IBBC regulation?

Yes No

**4**) **Certification**

I certify that the above information accurately describes the current status of the infectious and potentially infectious agents/materials, and biological toxins.

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| **Signature of Principal Investigator**Name: Date:  | **Signature of Biosafety Officer**Name:Date: |
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**Signature of IBBC Chairman**Name:Date: |  |