For Activities Involving the Use of Infectious and Potentially Infectious Agents/Materials and Biological Toxins in their natural unmodified and genetically modified. Preliminary assessment form is used to identify new proposal(s) or activity. Submission may be made by email or hard copy to:

**Institutional Biosafety & Biosecurity Committee (IBBC)**

Biosafety Officer

Universiti Putra Malaysia

Phone: 03-9769 6953

Email: [ibbc@upm.edu.my](mailto:ibbc@upm.edu.my)

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| --- | --- |
| **SECTION A: PRINCIPAL INVESTIGATOR’S (PI’s)/HEAD OF DEPARTMENT (HOD) INFORMATION** | |
| Name: |  |
| Faculty/Institute/Centre: |  |
| Postal Address |  |
| Office Phone No: |  |
| Mobile Phone No: |  |
| Email: |  |

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| **SECTION B: PROJECT INFORMATION** | | | | |
| 1. | Purpose: (Please Tick ✔) | Research | |  |
| Teaching | |  |
| Lab Service | |  |
| Consultancy | |  |
| Others (Please specify): | |  |
| 2. | Activity/Project Title: |  | | |
| 3. | Duration: |  | | |
| 4. | Project Status:  (Please Tick ✔) | New |  | |
| Ongoing |  | |
| Funded |  | |
| If funded, please provide grant no: |  | |
| 5. | Name of other personnel who will be involved:  (Please provide evidence of lab skills competency using Biosafety & Biosecurity Training form (BBTF) )  (eg: lab safety briefing, on job training, lab skills, etc) | 1.  2.  3.  4. | | |

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| 6. | Brief summary of the project (including objectives, brief description of the work involving the biological agent/material and expected outcome): |  | | | | | |
| 7. | Name(s) of infectious or potentially infectious agent/material or biological toxin to be used in the study:  Please briefly mention the source of the infectious agent/material.  (eg: field/clinical isolates, reference cultures, etc) |  | | | | | |
| 7(a). | Risk group of agent/ material or toxin |  | | | | | |
| Human pathogen  (refer to \*Act 342- seventh Schedule, WHO) | 1 | 2 | 3 | 4 | Not sure | NA |
| Animal pathogen  (refer to \*Act 342- seventh Schedule, WOAH) | 1 | 2 | 3 | 4 | Not sure | NA |
| Plant pathogen  (refer to \*Plant Quarantine Act 1976) | 1 | 2 | 3 | 4 | Not sure | NA |

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| 7(b). | Biosafety level where the work will be performed: Biosafety Laboratory level (BSL)  Please state the availability and fitness of the facilities that will be used to handle the infectious agents/materials | 1 | 2 | 3 | 4 |
| Control access  Biosafety Cabinet  Autoclave  Hands-free faucet  Others: \_\_\_\_\_\_\_\_\_\_\_ | | | |
| 7(c). | Involve modern biotechnology techniques involving in genetic modification:  (eg: Cell fusion, Transformation, Transfection, Gene editing, Agroinfection, GMOs in vitro manipulated DNA and RNA, CRISPR) | Yes |  | No |  |
| If Yes :  State the donor (s) : (the origin of the gene)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  State the recipient (s) : (the recipient of the gene)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 8. | Other relevant supporting information |  | | | |

\*please refer to website: <https://osh.upm.edu.my/faildokumen>

I hereby declare that all information provided in this application is accurate to the best of my knowledge.

Signature and stamp of PI/HOD: Date:

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| **FOR IBBC/IBC OFFICIAL USE ONLY** | | |
| **Decision by IBBC:** | NOI submission required |  |
| Exempted from NOI submission |  |
| Biosafety Application Form (BAF) submission required (GMO/LMO) |  |
| Exempted from Biosafety Application Form (BAF) submission (GMO/LMO)  (Exemption based on User’s Guide to the Biosafety Act and Regulations) |  |
| Further clarification from Department of Biosafety is required |  |
| **Signature of IBBC Chairman:** |  | |
| **Date:** |  | |