IBC/TR/23/ANNEX5C

**NOTICE OF TRANSFER OF LIVING MODIFIED ORGANISM**

**IN STORAGE**

This form is to be used to notify the Department of Biosafety through the Institutional Biosafety Committee (IBC) for transfer of Living Modified Organism (LMO) to another person and premises that is not included in the approved Notification of the LMO in use or in storage. LMO **cannot be transferred to a recipient who has not obtained a letter of acknowledgement** from the Department of Biosafety (section 25 of the Biosafety Act 2007) to start their activity.

This form must be completed by the Principal Investigator (PI):

1. from the approved Notification for contained use activity of which the LMO was developed and currently used/ stored (ongoing activity or terminated activity); or
2. from the approved Notification for contained use activity of which the LMO was imported and currently used/ stored (ongoing activity or terminated activity); or
3. from the approved Notification for long term storage of LMO.

All parts of the form must be filled in and shall be submitted to the Department of Biosafety. The PI may use the same form if more than one type of LMO is being transferred on condition that the origin of the LMO is approved from the same Notification.

If the purpose of transfer of the LMO is to **export to another country**, please submit Form F (NBB/N/Ex/20/FORM F) to the Department of Biosafety. IBC/TR/23/ANNEX5C is **not required.**

**Part 1. Project Details/ Identification of LMO transferred**

1. Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. IBC Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. NBB Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Tel: (Office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 2. Project Details/ Identification of recipient of LMO**

a) Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) IBC Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) NBB Reference No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Tel: (Office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 3. Details of LMO transferred**

If more than one type of LMO is being transferred, use the additional column provided.

|  |  |  |
| --- | --- | --- |
| **Information required** | **LMO transferred** | **Additional LMO transferred *(fill only if relevant)*** |
| Scientific name of the LMO |  |  |
| Strain / line of LMO\* |  |  |
| Quantity of LMO to be transferred |  |  |
| Will the LMO in storage be transferred in totality? | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |
| Is there a Standard Operating Procedure for the transfer of the LMO? | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |
| Is there an Emergency Response Plan for unintended release during transfer? | [ ]  Yes [ ]  No  | [ ]  Yes [ ]  No  |
| Estimated date of transfer of the LMO | Click or tap to enter a date. | Click or tap to enter a date. |

\* Strain/ line of LMO has to be identical to what is recorded in the inventory

**Part 4. Declaration**

I declare that the above information accurately describes the project and LMO details for the transfer.

Signature of Principal Investigator:

Name:

Date:

**FOR IBC USE ONLY**

1. IBC Approval for transfer of LMO

[ ]  Yes [ ]  No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Supporting Documents***

1. Standard Operating Procedure for transfer of the LMO

[ ]  Yes [ ]  No

1. Emergency Response Plan during transfer of LMO

 [ ]  Yes [ ]  No

1. Copy of acknowledgement of receipt from the Department of Biosafety to PI who is recipient of the LMO

[ ]  Yes [ ]  No

Signature of IBC Chairperson:

Name:

Date:

Send to:

Director General

Department of Biosafety

Email: jbkspp@biosafety.gov.my

Tel: 03 8091 7318