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 is to be made by email and accompanied by an original signed document to:

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

Biosafety Officer

Universiti Putra Malaysia

Phone: 03-9769 1653

Email: 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: |  |
| Facsimile 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. | Brief summary of the project (including objectives and expected outcome): |  |
| 6. | Name(s) of infectious or potentially infectious agent/material or biological toxin to be used in the study: |  |
| 6(a). | Risk group of agent/ material or toxin (refer to \*Act 342- seventh Schedule, WHO, OIE) | 1 | 2 | 3 | 4 | Unknown |
| 6(b). | Risk group of agent/material or toxin (refer to Plant Quarantine Act 1976) |  |
| 6(c). | Biosafety level where the work will be performed: Biosafety Laboratory level (BSL) | 1 | 2 | 3 | 4 |
| 6(d). | Involve modern biotechnology techniques in GMO the agent | Yes |  | No |  |
| If Yes : |
| State the recipient (s) : |
| State the donor (s) : |

\*please refer to website: <https://tncpi.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 submission required (GMO/LMO) |  |
| Exempted from Biosafety submission (GMO/LMO) |  |
| **Signature of IBBC Chairman:** |  |
| **Date:** |  |