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Registration No.: IBBC.Prelim

Rev. no.: Rev2

Effective Date: 22/02/2022

**INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)**

**Instruction:**

Preliminary assessment form is used to identify new proposal(s) or activity involving the use of infectious and potentially infectious agents/materials, biological toxins, living modified organism/genetically modified organism (LMO/GMO) and other biological materials. Submission is to be made by email to: [ibc@iium.edu.my](mailto:ibc@iium.edu.my)

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| --- | --- | --- | --- | --- | --- | --- |
| **SECTION A: PRINCIPAL INVESTIGATOR’S (PI’s) INFORMATION** | | | | | | |
| **Name:** | | | | | | |
| **Faculty/Center/Institute:** | | | | | | |
| **Postal address:** | | | | | | |
| **Office phone no.:** | | | **Mobile phone no.:** | | | |
| **Staff Number:** | | | **Email:** | | | |
| **Project Title:** | | | | | | |
| SECTION B : **PROJECT INFORMATION** | | | | | | |
| **1. Purpose:** | | Research | Teaching | | | Clinical trial |
|  | | Service | Diagnostic | | |  |
| Others (please specify): | | |  | | |  |
| **2. Project status:**  New project Ongoing Funded  If yes, please provide grant: no: | | | | | | |
| **3. Brief summary of the project (including objectives and expected outcome):** | | | | | | |
| **4. Classification and name of biological agent/material to be used in the study:**     |  | | --- | |  | |  | |  |  1. Infectious or potentially infectious agent/material 2. Biological toxin 3. LMO/GMO/CRISPR/Synthetic DNA (Proceed to part number 5)   iv. Others    Description of infectious and potentially infectious agents/materials, biological toxins, and LMO/GMO: | | | | | | |
| **5. Description of the LMO(s)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **No.** | **Common and scientific name of donor organism** | **Common and scientific name of parent/ recipient organism** | **Vector(s) or method of genetic modification** | **Identity and function of gene(s) of donor organism responsible for the modified trait** | **Target organism(s) of the LMO** | **Target tissues for genetic modification** | | **1.** |  |  |  |  |  |  | | **2.** |  |  |  |  |  |  | | **3.** |  |  |  |  |  |  | | | | | | | |
| **6. Risk group of agent/material or toxin (refer to Classification of Microorganisms into Risk Group at** <http://iium.edu.my/media/48111/IIUM%20Biosafety%20Guideline.pdf>)**:** | | | | | **7. Biosafety level where the work will be performed:** | |
| 1 2 3 4 Unknown | | | | |  | 1 2 3 4 |

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

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| --- | --- |
| **Signature and stamp of PI :** | **Date:** |

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| **Decision by IBBC** |  |
| Notification Form (Form E) submission is required | Exemption from Notification Form (Form E) submission |
| **Signature and stamp of IBBC Chairman:** | **Date:** |