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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

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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:**

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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.** |  |  |  |  |  |  |

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