

INSTITUTIONAL BIOSAFETY

## UCSI/IBC/FORM B NOTICE OF INTENT (NOI) FORM

Instructions:

- 1) Please refer to the GUIDELINES FOR UCSI UNIVERSITY INSTITUTIONAL BIOSAFETY COMMITTEE.
- 2) Please complete all the relevant sections in this form.
- 3) Completed NOI application must be submitted along with the following documents:
  - a) Submission Checklist
  - b) Biolop6 842.04 i Tiblop6 842.04 f9risk in08866 0 94.96 842.04 reW\*nBT/F1 12 Tf1 0 0 1 113.4269.7

5. Name of the infectious or potentially infectious agents/materials and biological toxins to be used in the project:				
6. Origin of the infectious or potentially infectious	s agents/materials and biological toxins to			
be used in the project:				
Olinical samples Reference strains/materials Environmental/field   samples Samples				
Others (please specify):				
7. Will the infectious or potentially infectious agents /materials				
and biological toxins be manipulated in a host?				
If yes, please select:				
Animal	Arthropod			
Species:	Species:			
Strain:				

## UCSI/IBC/FORM B NOTICE OF INTENT (NOI) FORM

8.Describe the desTJETQ 000008866 0 594.96 842.04 reW hBT/F2 12 Tf1 0 0 1 150.83 784.82 Tm0 g0 G()]

9. Provide complete address where work will be performed:	10. Intended date of commencement:	
	11. Expected date of completion:	

## SECTION C : LIST OF PERSONNEL INVOLVED IN THE STUDY AND THEIR SIGNATURES

You are required to list the name of individuals who will be involved in the project including the PI, and all laboratory personnel in particular those who will be performing the activities or work. ALL personnel listed must read and sign this NOI.

## Please read the following before signing

Your signature indicates the following:

- a) You have thoroughly read and understood the GUIDELINES FOR UCSI UNIVERSITY INSTITUTIONAL BIOSAFETY COMMITTEE.
- b) You have thoroughly read and understood this NOI submission.
- c) You have sufficient knowledge and have been adequately trained in laboratory biosafety.
- d) You have read, understood and will follow the appropriate SOPs and ERP.

Name	Designation	Email & contact no.	Signature