**For Activities Involving the Use of infectious and potentially infectious agents/materials and biological toxins.**

All Principal Investigators (PIs) at the Universiti Putra Malaysia must submit Notice of Intent (NOI) to inform all activities that involve the handling of infectious and potentially infectious agents/materials and biological toxins.

Please refer to the Universiti Putra Malaysia Laboratory Biosafety and Biosecurity Policy and Procedure. Submission of completed NOI is to be made by email and accompanied by the original signed document to:

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

Biosafety Officer  
Universiti Putra Malaysia  
Phone: 03-9769 1653  
Email: [ibbc@upm.edu.my](mailto:ibbc@upm.edu.my)

The information provided in this notification will be used to evaluate the specific control measures to be taken for any activity involving infectious and potentially infectious agents/materials and biological toxins. Thus it is **IMPORTANT** to provide accurate information supported by relevant data and references available.

The PI shall be notified if IBBC requires additional information. If the PI fails to provide the additional information requested within one (1) month from the date requested by IBBC, the NOI application shall be deemed to have been withdrawn, but it shall not affect the right of the PI to make a new application.

All information provided will be kept **CONFIDENTIAL.**

An approved NOI is valid for a **maximum of five (5) years.** Following this, an extension or a new application is required using UPM/IBBC/EXTENSION or UPM/IBBC/NOI, respectively. PI must submit an application for amendment using UPM/IBBC/AMENDMENT if changes or modifications are required to the approved NOI, and approval must be obtained before any changes or modification can be implemented.

**Instructions:**

1. Please refer to the Universiti Putra Malaysia Laboratory Biosafety and Biosecurity Policy and Procedure.
2. Completed NOI application must be submitted along with the following documents:
3. Submission Checklist
4. Biological Risk Assessment Form (UPM/IBBC/BRAF)
5. Biosafety Level Self-Assessment Checklist (UPM/IBBC/BSL1/BSL2/BSL3) - depending on the level of biosafety relevant to this application.
6. Personnel Biosecurity Registration Form (UPM/IBBC/PBR)
7. Records of personnel training related to biosafety (Please refer to Universiti Putra Malaysia Laboratory Biosafety and Biosecurity Policy and Procedure) *(Form provided).*
8. PI must prepare the following documents and submit the following documents upon request:
9. Relevant Standard Operating Procedures (SOPs) *(Example provided):*
10. Procurement detail of infectious and potentially infectious agents/materials and biological toxins.
11. Storing and inventory procedures of infectious and potentially infectious agents/materials and biological toxins. *(UPM/IBBC/BMI)*
12. Handling and manipulating [including proper usage of Personal Protective Equipment (PPE)] of infectious and potentially infectious agents/materials and biological toxins.
13. Transportation and shipment of infectious and potentially infectious agents/materials and biological toxins.
14. Decontamination, spill management and waste management relevant to the infectious and potentially infectious agents/materials and biological toxins.
15. Emergency Response Plan (ERP) relevant to the infectious and potentially infectious agents/materials and biological toxins.
16. Records of maintenance and certification/calibration of relevant equipment and devices such as:
17. Autoclave
18. Biosafety Cabinet
19. Others

**SECTION A: PRINCIPAL INVESTIGATOR’S (PI’s) INFORMATION**

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| --- | --- | --- | --- |
| **Name:** |  | | |
| **Faculty/Institute/Centre:** |  | | |
| **Postal Address:** |  | | |
| **Office Phone No:** |  | **Mobile Phone No:** |  |
| **Fax No:** |  | **E-mail:** |  |

**SECTION B: PROJECT INFORMATION**

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| **1.** | **Type of Application:**  **(Please Tick ✓)** | | | | | **New Application** | | | | | |  | | **Re-Submission** | | | |  | | |
| **2.** | **Preliminary Registration No:** | | | | |  | | | | | | | | | | | | | | |
| **3.** | **Project Title:** | | | | |  | | | | | | | | | | | | | | |
| **4.** | **Objective(s) of The Project:** | | | | |  | | | | | | | | | | | | | | |
| **5.** | **Summary of The Project:** | | | | |  | | | | | | | | | | | | | | |
| **6.** | **Name of The Infectious or Potentially Infectious Agents/Materials and Biological Toxins to be Used in The Project:** | | | | | | | | | | | | | | | | | | | |
| **No.** | **Infectious Agent** | | | **Drug-Resistance Organism** | | | | | | **If Yes, Please Specify:** | | | | | | | | |
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| **7.** | **Origin of The Infectious or Potentially Infectious Agents/Materials and Biological Toxins to be Used in The Project: (Please Tick ✓)** | | | | | | | | | | | | | | | | | | |
| **Clinical Samples** | |  | **Reference Strains/Materials** | | | |  | | | | | **Environmental/Fields Samples** | | | |  | | |
| **Others (Please specify):** | | | | | | |  | | | | | | | | | | | |
| **8.** | **Will The Infectious or Potentially Infectious Agents/Materials and Biological Toxins be Used in the Project involve the following : (Please Tick ✓)** | | | | | | | | | | | | | | **YES** | **NO** | | |
|  |  | | |
| **If Yes, Please Select:** | | | | | | | | | | | | | | | | | |
| **Animal** | | | | | | **Species:** | | |  | | | | | | | | |
| **Breed/Strain:** | | |  | | | | | | | | |
| **Plant** | | | | | | **Species:** | | |  | | | | | | | | |
| **Variety:** | | |  | | | | | | | | |
| **Arthropod** | | | | | | **Species:** | | |  | | | | | | | | |
| **Media/Cell Culture** | | | | | | **Name:** | | |  | | | | | | | | |
| **Embryonated Chicken Eggs** | | | | | | **Species:** | | |  | | | | | | | | |
| **Others (Please Specify):** | | | | | |  | | |  | | | | | | | | |
| **9.** | **Describe The Details of The Experimental Design, and Use Flow Chart(s) Where Possible (Maximum 1 Page):** | | | | | | | | | | | | | | | | | |
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| **10.** | **Provide complete address where work will be performed:** | | | | | | | |  | | | | | | | | | |
| **11.** | **Intended date of commencement:** | | | | | | | |  | | | | | | | | | |
| **12.** | **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:

1. You have thoroughly read and understood the Universiti Putra Malaysia Laboratory Biosafety and Biosecurity Policy and Procedure.
2. You have thoroughly read and understood this NOI submission.
3. You have sufficient knowledge and have been adequately trained in Laboratory Biosafety and Biosecurity Policy and Procedure.
4. You have read, understood and will follow the appropriate SOPs and ERP.

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| --- | --- | --- | --- |
| **Name** | **Designation** | **E-mail & Contact No.** | **Signature** |
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**SECTION D: SIGNATURE OF PRINCIPAL INVESTIGATOR**

By signing this document, I certify that I have read and understood the following statements, and agree that all personnel involved in this project will abide by the statements and the Universiti Putra Malaysia Laboratory Biosafety and Biosecurity Policy and Procedure governing the use of infectious and potentially infectious agents/materials and biological toxin.

I have read and understood my responsibilities as a Principal Investigator outlined in Section 8.0- Universiti Putra Malaysia Laboratory Biosafety and Biosecurity Policy and Procedure and agree to comply with these responsibilities.

**I declare that all the information provided in this application is accurate to the best of my knowledge and I understand that the outcome of this application is subjected to the decision of the Universiti Putra Malaysia IBBC.**

Signature and stamp of PI: Date:

|  |  |  |
| --- | --- | --- |
| **FOR IBBC OFFICIAL USE ONLY** | | |
| Remarks by IBBC: |  | |
| Decision by IBBC: | Approved |  |
| Approved Pending Minor Modifications |  |
| Deferred |  |
| Withhold Approval |  |
| Signature of IBBC Chairman: |  | |
| Date: |  | |