



INSTITUTIONAL BIOSAFETY COMMITTEE (IBC)

UCSI UNIVERSITY

NOTICE OF INTENT (NOI) FORM

**For Activities Involving the Use of Infectious and Potentially Infectious
Agents/Materials and Biological Toxins**

All Principal Investigators (PIs) at the UCSI University 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 GUIDELINES FOR UCSI UNIVERSITY INSTITUTIONAL BIOSAFETY COMMITTEE. Submission of completed NOI is to be made by email and accompanied by the original signed document to:

Institutional Biosafety Committee (IBC)

Assoc Prof Dr Crystale Lim Siew Ying
(Chairperson)

Faculty of Applied Sciences
UCSI University

Phone: +603 - 9101 8880 ext 2343

Email: ucsi.abc@ucsiuniversity.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 IBC requires additional information. If the PI fails to provide the additional information requested within one (1) month from the date requested by IBC, the NOI application shall be deemed to have been withdrawn, but it shall not affect the right of the PI to make a new application.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 three (3) years**. Following this, an extension or a new application is required using **UCSI/IBC/FORM D** or **UCSI/IBC/FORM B**, respectively. PI must submit an application for amendment using **UCSI/IBC/FORM C** 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 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) Biological risk assessment form (*UCSI/IBC/ANNEX 1*).
 - c) Biosafety Level Self-Assessment Checklist (*Annex 5 - depending on the level of biosafety relevant to this application*).
 - d) Records of personnel training related to biosafety (*Please refer to GUIDELINES FOR UCSI UNIVERSITY INSTITUTIONAL BIOSAFETY COMMITTEE*).
- 4) PI must prepare the following documents and submit the following documents upon request:
 - a) Relevant Standard Operating Procedures (SOPs) :

All SOPs must specifically address these laboratory biosafety issues.

 - i. Procurement detail of infectious and potentially infectious agents/materials and biological toxins.
 - ii. Storing and inventory procedures of infectious and potentially infectious agents/materials and biological toxins.
 - iii. Handling and manipulating [including proper usage of Personal Protective Equipment (PPE)] of infectious and potentially infectious agents/materials and biological toxins.
 - iv. Transportation and shipment of infectious and potentially infectious agents/materials and biological toxins.
 - v. Decontamination, spill management and waste management relevant to infectious and potentially infectious agents/materials and biological toxins.
 - vi. Emergency Response Plan (ERP) relevant to the infectious and potentially infectious agents/materials and biological toxins.
 - b) Records of maintenance and certification/calibration of relevant equipment and devices such as:
 - i. Autoclave
 - ii. Biosafety Cabinet
 - iii. Others

SECTION A : PRINCIPAL INVESTIGATOR'S (PI's) INFORMATION	
Name:	
Faculty/ School/ Department:	
Postal address:	
Phone no.:	Mobile phone no.:
Fax:	Email:

SECTION B : PROJECT INFORMATION	
1. Type of application: <input type="checkbox"/> New Application <input type="checkbox"/> Re-submission	2. Preliminary registration no.:
2. Project title:	
3. Objective(s) of the project:	
4. Summary of the project:	

5. 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

6. Origin of the infectious or potentially infectious agents/materials and biological toxins to be used in the project:

- Clinical samples
 Reference strains/materials
 Environmental/field samples
 Others (please specify):

7. Will the infectious or potentially infectious agents /materials and biological toxins be manipulated in a host?
 Yes No

If yes, please select:

Animal

Arthropod

Species:

Species:

Strain:

Cell culture

Others, please specify:

Name:

8. Describe the details of the experimental design, and use flow chart(s) where possible (maximum 1 page):

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

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 UCSI University Policy and Procedure on Laboratory Biosafety 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 6.0- GUIDELINES FOR UCSI UNIVERSITY INSTITUTIONAL BIOSAFETY COMMITTEE 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 UCSI University IBC.

Signature and stamp of PI

Date

FOR IBC OFFICIAL USE ONLY	
Remarks by Institutional Biosafety Committee:	
<hr/> <hr/>	
Decision by Institutional Biosafety Committee	
<input type="checkbox"/> Approved	<input type="checkbox"/> Approved pending minor modifications
<input type="checkbox"/> Deferred	<input type="checkbox"/> Withhold approval
Signature of IBC Chairman:	Date: