

IBC reg no:

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**INSTITUTIONAL BIOSAFETY COMMITEE**

**NOTIFICATION OF EXEMPT DEALING**

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| **1** | **Project Supervisor/Principal investigator**  |
| **Name and address of Principal Investigator submitting proposal.** Name of Principal Investigator: School/Centre: Telephone Number: Mobile Number: Email Address:**Name(s) of other Principal Investigators and/or Associate Investigators responsible for the project.** Name of Co-principal Investigator: School/Centre: Telephone Number: Mobile Number: Email Address: |

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| **2** | **Project Title** |
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| **3** | **Can this project title be included on a public record of Exempt dealings** |
| Yes [ ] No [ ] Please supply an alternative title |

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| **4** | **Description of the project** |
|  *Please provide a brief description of the project (this should be written in plain English)*  |

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| **5** | **Exemption Categoryaccording to Part 1, Schedule 2 of the Regulations***Please tick the appropriate category* |
| [ ]  | A dealing with a genetically modified *Caenorhabditis elegans*, unless: (a) an advantage is conferred on the animal by the genetic modification; or (b) as a result of the genetic modification, the animal is capable of secreting or producing an infectious agent. |
| [ ]  | A dealing with an animal into which genetically modified somatic cells have been introduced, if— (a) the somatic cells are not capable of giving rise to infectious agents as a result of the genetic modification; and (b) the animal is not infected with a virus that is capable of recombining with the genetically modified nucleic acid in the somatic cells. |
| [ ]  | 1) Subject to subitem (2), a dealing involving a host/vector system mentioned in Part 2 of this Schedule and producing no more than 10 litres of GMO culture in each vessel containing the resultant culture.2) The donor nucleic acid— (a) must satisfy either of the following requirements— (i) it must not be derived from organisms implicated in, or with a history of  causing, disease in human beings, animals, plants or fungi; or (ii) it must be characterised and not known to alter the host range or mode of  transmission, or increase the virulence, pathogenicity or transmissibility of  the host or vector; and(b) must not code for a toxin with an LD50 of less than 100 μg/kg; and(c) must not code for a toxin with an LD50 of 100 μg/kg or more, if the intention is to express the toxin at high levels; and(d) must not be uncharacterised nucleic acid from a toxin‑producing organism; and(e) must not include a viral sequence unless the donor nucleic acid— (i) is missing at least 1 gene essential for viral multiplication that—* is not available in the cell into which the nucleic acid is introduced; and
* will not become available during the dealing; and

 (ii) is incapable of correcting a defect in the host/vector system leading to production of replication competent virions: and(f) must not confer an oncogenic modification. |
| [ ]  | A dealing involving shot gun cloning, or the preparation of a cDNA library, in a host/vector system mentioned in item 1 of Part 2 of this Schedule, if the donor nucleic acid is not derived from either: (a) a pathogen; or (b) a toxin producing organism. |

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| **6** | **Is the host/vector system exempt according to Schedule 2, Part 2 of the Regulations** |
| *Please consult OGTR website ‘What dealings with GMOs are classified as Exempt dealings’:*[*http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/exemptdealclass-2*](http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/exemptdealclass-2) |

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| **7** | **Describe the host organism or tissue to be genetically modified.** |
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| **8** | **What vectors or methods will be used for the transfer of DNA.**  |
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| **9** | **Modified trait(s) and gene(s) responsible)** |
| *Please describe the identity and function of the nucleic acid / gene to be transferred and organism of origin.* |

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| **10** | **Please confirm that all staff and students involved in this project have been trained in the standard operating procedures related to this GMO dealing, including transport and storage.** |
|  Yes [ ] No [ ]  Submit request for further training [ ] |

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| **11** | **Where will this work be conducted? Give Building, Room number and Campus.**  |
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| **12** | **What is the certified physical containment level of this facility?**  |
|  PC1 [ ] PC2 [ ] Other (please specify): |

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| **13** | **What is the type of facility?** |
|  Laboratory [ ] Animal House [ ] Plant House [ ] Other (please specify): |

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| **14** | **Do you have approval to use this facility?**(*attach written confirmation if not located at work)*  |
|   Yes [ ] No [ ]  |

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| **15** | **Give a brief assessment of possible hazards associated with the work**  |
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| **16** | **Provide details of all personnel involved with the project.**  |
| *For each person include full name, qualifications, relevant experience (eg. use of gene manipulation and microbiological techniques) and role in the project**team* |

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| **17** | **Commencement date (projects may not commence prior to approval by the IBC)** |
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| **18** | Completion date |
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| **19** | **Signature of Principal Investigator submitting this proposal.** |
|   Signature: Date: |

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| **20** | IBC Declaration |
| The IBC has evaluated this dealing and agrees that it is an exempt dealing as specified by Schedule 2 of the *Gene Technology Regulations 2001 amended July 2007*.  |
| Name of IBC Chair: |
| Signature of IBC Chair: *Date* / / |