**INSTITUTIONAL BIOSAFETY COMMITTEE ANNUAL REPORT**

**(Year …….)**

**Instructions for Submission of the IBC Annual Report**

* The Biological Safety Officer (BSO) must submit a completed annual report validated by the IBC Chair to the Director General (DG) of Biosafety. Note: If there are parts of the report that are not applicable, please state as “**Not applicable**”.
* Please ensure all information submitted is accurate. If you need further clarification in regards to this report, please contact Department of Biosafety at 03-88861580 or E-mail at biosafety@kats.gov.my.
* A copy of the submitted report should be kept for record and reference by the IBC.

**Name of Institution:** Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **LMO/rDNA Activities for Notifications/Approvals** | | | | | |
| **No.** | **Project Title** | **Application Type** | **NBB Reference Number1** | **Status** | **Collaboration (If Any)** |
| 1 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 2 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 3 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 4 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 5 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 6 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 7 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 8 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 9 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |
| 10 | Click here to enter text. | Choose application type | Click here to enter text. | Choose an item. | Click here to enter text. |

Note: 1. Please refer to reference number issued by the Department of Biosafety, e.g.: **JBK(S)600-3/1/1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Modifications to Approved Projects (Research Personnel)** | | | | |
| **No.** | **NBB Reference Number** | **Name** | **Phone Number** | **E-mail** | |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Exempted Activities carried out in the Organization\*** | | | | | |
| **No.** | **Project Title** | **IBC Reference number** | **Principal Investigator** | **Description of the LMO(s)1** | **Period of Activity** | |
| 1 | Click here to enter text. |  | Click here to enter text. | Click here to enter text.  a)  b)  c)  d)  e)  f)  g)  h) | Click here to enter text. | |
| 2 | Click here to enter text. |  | Click here to enter text. | Click here to enter text.  a)  b)  c)  d)  e)  f)  g)  h) | Click here to enter text. | |
| 3 | Click here to enter text. |  | Click here to enter text. | Click here to enter text.  a)  b)  c)  d)  e)  f)  g)  h) | Click here to enter text. | |
| 4 | Click here to enter text. |  | Click here to enter text. | Click here to enter text.  a)  b)  c)  d)  e)  f)  g)  h) | Click here to enter text. | |
| 5 | Click here to enter text. |  | Click here to enter text. | Click here to enter text.  a)  b)  c)  d)  e)  f)  g)  h) | Click here to enter text. | |

Note: \* Please refer to Biosafety Act 2007 First Schedule (Regulation 2).

1. Description of the LMO(s)

1. Common and scientific name of donor organism
2. Common and scientific name of parent/ recipient organism
3. Vector(s) or method of genetic modification
4. Class of modified trait (Refer to **Appendix 1**)
5. Modified trait
6. Identity and function of gene(s) of donor organism responsible for the modified trait
7. Target organism(s) of the LMO
8. Target tissues for genetic modification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Incidents, Exposure Investigation and Occupational Disease Records** | | | | |
| **No.** | **Type of Form1** | **Date of Submission** | **Reference No2** | **Summary of Follow Up Action Taken/To Be Taken** |
| 1 | Choose an item. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |
| 2 | Choose an item. | Click here to enter a date. | Click here to enter text. | Click here to enter text. |

Note: 1. Annex 3 : Institutional Biosafety Committee Incident Reporting Form.

Annex 4 : Institutional Biosafety Committee Occupational Disease/ Exposure Investigation Form.

2. Indicate Reference Number given by IBC.

Suggestion: IBC/<Name of your institution>/IR or OD/<Number of submission>/<Year of Submission>

Example: **IBC/UM/IR/1/2019**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Facility Inspection** | | | | |  |
| **No.** | **Date of inspection** | **Facility location/address** | **BSL Level1** | **Summary of findings from inspection** | **Follow up action taken** |
| 1 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |
| 2 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |
| 3 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |
| 4 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |
| 5 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |
| 9 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |
| 10 | Click here to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. |  |

Note: 1. Determined by IBC. Please refer to Biosafety Guidelines: Contained Use Activity of Living Modified Organism.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **IBC Meetings** | | | |
| **No.** | **Dateof meeting** | **Chairman/Representative** | **Outcome (Describe Briefly)** | |
| 1 | Click here to enter a date. | Click here to enter text. | Click here to enter text. | |
| 2 | Click here to enter a date. | Click here to enter text. | Click here to enter text. | |
| 3 | Click here to enter a date. | Click here to enter text. | Click here to enter text. | |
| 4 | Click here to enter a date. | Click here to enter text. | Click here to enter text. | |
| 5 | Click here to enter a date. | Click here to enter text. | Click here to enter text. | |
| 6 | Click here to enter a date. | Click here to enter text. | Click here to enter text. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **Internal Institutional Training Related to Biosafety** | | | | | | |
| **No.** | **Title of Training** | **Date** | **Venue** | **Target Participants** | **Number of Participants Involved** | **Outcome of Training** |
| 1 | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 2 | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 3 | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 4 | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| 5 | Click here to enter text. | Click here to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Record of LMOs Stored at the Facilities** | | | | | |  |  |
| **No.** | **Living Modified Organisms1** | **Premises of Storage** | **Person in charge of LMO stored** | **Date of storage and duration** | **\*Status of activity**  **and**  **NBB/IBC reference number** | | |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 4 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 5 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 6 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 7 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 8 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |
| 9 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | | |

Note: 1. Example: Modified strain of *Escherichia coli*

\*LMOs from any ongoing/terminated/exempted activity

**DECLARATION**

|  |  |
| --- | --- |
| **I DECLARE** that all information submitted are a correct and valid.  **Biological Safety Officer**  Name: Click here to enter text.  Email: Click here to enter text.  Date: Click here to enter a date. | **I CERTIFY** that all information provided in this IBC Annual Report is true to the best of my knowledge.  **IBC Chair**  Name: Click here to enter text.  Email: Click here to enter text.  Date: Click here to enter a date. |

Please submit completed report to **Director General (DG) of Biosafety** latest by **31st MARCH of the preceding year** through email [biosafety@kats.gov.my](mailto:biosafety@kats.gov.my)

**Appendix 1**

|  |  |
| --- | --- |
| **No** | **Class (type) of trait** |
| 1 | Abiotic stress resistance |
| 2 | Altered agronomic characteristics |
| 3 | Altered nutritional characteristics |
| 4 | Altered pharmaceutical characteristics |
| 5 | Altered physical product characteristics |
| 6 | Antibiotic resistance |
| 7 | Foreign antigen expression |
| 8 | Attenuation |
| 9 | Bacterial resistance |
| 10 | Disease resistance |
| 11 | Flower colour |
| 12 | Fungal resistance |
| 13 | Herbicide tolerance |
| 14 | Immuno-modulatory protein expression |
| 15 | Pest resistance *e.g.* insect |
| 16 | Protein expression |
| 17 | Reporter/marker gene expression |
| 18 | Virus resistance |
| 19 | Other (provide details) |
| 20 | Unknown |

NOTE:

1. If the LMO has more than one modified trait please list all.

2. If the modified trait is not listed, please list it as “other” and provide details of the modified trait.