**INSTITUTIONAL BIOSAFETY COMMITTEE ANNUAL REPORT (YEAR OF 2023)**

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

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

* The IBC is required to submit a completed annual report through the appointed Biological Safety Officer (BSO) **before 1 March 2024.**
* If there are parts of the report that are not applicable, please state as “**Not applicable**”. Do not leave it blank.
* “IBC Reference” refers to any decision documents of the IBC. It can refer to IBC minutes, reference numbers in decision letters issued by IBC or an internal reference number system used by the IBC. The reference material should be traceable if there is a query.
* “NBB Reference” refers to reference number issued by the Department of Biosafety, e.g.: **JBK(S)600-3/1/1**
* Reporting period for this report is from **1 January 2023 until 31 December 2023**.
* If you need further clarification in regards to this report, please contact Department of Biosafety at 03-8091 7323 or email your queries to [jbksnp@biosafety.gov.my](mailto:jbksnp@biosafety.gov.my)
* Please ensure all information submitted is accurate. The form must be **verified by the IBC Chair** and the Declaration page must be signed and scanned for submission.
* The annual report must be submitted in the form of a **soft copy only** and emailed to [jbksnp@biosafety.gov.my](mailto:jbksnp@biosafety.gov.my) and accompanied by a **formal cover letter** from the IBC/ Head of Institute.
* A copy of the submitted report should be kept for record and reference by the IBC.

1. **LMO/rDNA Activities for Notifications/Approvals (All active/ ongoing activities[[1]](#footnote-1))**

| **No.** | **Project Title** | **BSL** | **Type of LMO** | **Application Category** | **NBB Reference** | **Name of Collaborator[[2]](#footnote-2) (If any)** |
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| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose application type | 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. | Choose application type | 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. | Choose application type | 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. | Choose application type | 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. | Choose application type | Click here to enter text. | Click here to enter text. |
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| 8 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose application type | 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. | Choose application type | Click here to enter text. | Click here to enter text. |
| 10 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose application type | Click here to enter text. | Click here to enter text. |

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| 1. **Modifications to Approved Projects (Research Team)** | | | | | | |
| **No.** | **NBB Reference** | **Projects Title** | **Name[[3]](#footnote-3)** | **Details of modification** | **Date of Approval by DoB** | **IBC Reference to approve modification to research team** | |
| 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. | 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. | Click here to enter text. | |
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| 1. **Modifications to Approved Projects (Premises)** | | | | | | |
| **No.** | **NBB Reference** | **Projects Title** | **Address of Premises Involved[[4]](#footnote-4)** | **Details of modification** | **Date of Approval by DoB** | **Name of IBC in charge of Premises** | |
| 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. | Click here to enter text. | |
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| 1. **Exempted Activities[[5]](#footnote-5)** | | | | | |
| **No.** | **Project Title** | **IBC Reference** | **Principal Investigator** | **Details of LMO and basis of exemption** | **Duration of activity approved by IBC** | |
| 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. | |
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| 1. **Record of LMO[[6]](#footnote-6) Stored at the Facilities** | | | | | |  |  |
| **No.** | **Type of LMO[[7]](#footnote-7)** | **Storage Premises & Person in charge** | **Duration of storage [[8]](#footnote-8)**  **(dd/mm/yy) – (dd/mm/yy)** | **NBB or IBC Reference** | **Volume of LMO stored** | | |
| 1 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | | |
| 2 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | | |
| 3 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | | |
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| 8 | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. | | |

1. **Incidents, Exposure Investigation and Occupational Disease Records (year 2023)**

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| **No.** | **Type of Form[[9]](#footnote-9)** | **Date of Accident** | **Type of Accident** | **IBC Reference** | **Summary of follow up actions taken/ Pending actions to be take based on IBC investigations** |
| 1 | Choose an item. | Click here to enter text. | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. |
| 2 | Choose an item. | Click here to enter text. | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. |

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| 1. **Facility Inspection by IBC or Department of Biosafety (year 2023)** | | | | |  |
| **No.** | **Date of inspection** | **Name and address of Premises** | **BSL[[10]](#footnote-10)** | **Summary of findings from inspection** | **Corrective actions taken/ Pending actions** |
| 1 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 2 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| **No.** | **Date of inspection** | **Name and address of Premises** | **BSL[[11]](#footnote-11)** | **Summary of findings from inspection** | **Corrective actions taken/ Pending actions to be taken** |
| 3 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 4 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 5 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 6 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
| 7 | Click or tap to enter a date. | Click here to enter text. | Choose an item. | Click here to enter text. | Click here to enter text. |
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| 1. **IBC Meetings (year 2023)** | | | |
| **No.** | **Meeting Date** | **Name of Chairperson** | **List the main issues discussed in the meetings** | |
| 1 | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. | |
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| 3 | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. | |
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| 5 | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. | |
| 6 | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. | |

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| 1. **Trainings or Events related to Biosafety organized by IBC/ Institute (reporting period of 2023)** | | | | | | |
| **No.** | **Name of Event/ Training** | **Date** | **Venue** | **Target Participants** | **Number of Participants** | **Outcome of Training** |
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| 4 | Click here to enter text. | Click or tap to enter a date. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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**DECLARATION**

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| **I DECLARE** that all information submitted are 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 VERIFY** 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. |

1. “All active/ongoing activities” refer to the activities that have not ended in the year 2023, this includes activities that do not have Annex 5B submission after the activity end period [IBC/NT/20/ANNEX5B]] [↑](#footnote-ref-1)
2. Collaborator refers to name of institutes (oversight of another IBC) that has any of its premises involved in the activity (this includes part of the activity or even the entire activity) OR name of institutes that your IBC has given approval to use any of the premises in your institute for activities conducted by research team from another institute [↑](#footnote-ref-2)
3. Name of Research Personnel who has been added to the research team or name of Personnel who is no longer involved in this activity. [↑](#footnote-ref-3)
4. Name of Premises that has been added after the receipt of the National Biosafety Board approval and the modification has been approved by the Department of Biosafety. [↑](#footnote-ref-4)
5. Please refer to First Schedule (Regulation 2) of the Biosafety (Approval and Notification) Regulations 2010. [↑](#footnote-ref-5)
6. Refers to LMO approved for storage by IBC via submitted Annex 5 after the activity has ended OR LMO developed from an exempted activity under the oversight of IBC [↑](#footnote-ref-6)
7. Type of LMO eg. Modified strain of *Escherichia coli* [↑](#footnote-ref-7)
8. Duration of storage is when the LMO was stored after the activity had ended [date of submission of FormIBC/NT/20/ANNEX5B] [↑](#footnote-ref-8)
9. Choose the appropriate type of Form- Annex 3: Institutional Biosafety Committee Incident Reporting Form refers to incidents that does not involve injury. Annex 4: Institutional Biosafety Committee Occupational Disease/ Exposure Investigation Form refers to occupational exposure to LMO/ rDNA materials. [↑](#footnote-ref-9)
10. Determined by IBC and follows the categories listed in the Biosafety Guidelines: Contained Use Activity of Living Modified Organism.GA refers to Genetic Modification of Animals; GF refers to Genetic Modification of Aquatic Organisms; GI refers to Genetic Modification of Arthropods; GM refers to Genetic Modification of Microorganism; GP refers to Genetic Modification of Plants [↑](#footnote-ref-10)
11. Determined by IBC and follows the categories listed in the Biosafety Guidelines: Contained Use Activity of Living Modified Organism.GA refers to Genetic Modification of Animals; GF refers to Genetic Modification of Aquatic Organisms; GI refers to Genetic Modification of Arthropods; GM refers to Genetic Modification of Microorganism; GP refers to Genetic Modification of Plants [↑](#footnote-ref-11)