

 **For IBC use only**

 Registration no.:

 Date received:

**INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)**

 **PERSONNEL BIOSECURITY REGISTRATION FORM**

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| PART A: PERSONAL DETAILS |
| First name: | Family name: | Most RecentPassport Photo |
| Gender: | IC (new): |
| Nationality: | Date of Birth: |
| Marital Status: | Passport number: |
| Present position: | Date of appointment: |
| Current address: |
| Permanent Address: |
| Office Phone no.: | Mobile phone no.: | E-mail: |
| Contact person in the case of emergency: (Name/Telephone number) |

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| PART B: PRESENT RESEARCH |
| Principal Investigator (PI): |
| Address:  |

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| IBBC Registration No: |
| Project title: |
| Infectious or potentially infectious agent/material or biological toxin to be used in the study: |
| Risk group of agent/material or toxin (refer to Classification of Microorganisms into Risk Group at <http://www.iium.edu.my/drri/others-related>): | Biosafety level: |

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| PART C: PAST RESEARCH |
| Principal Investigator (PI): |
| Address *(where the project was performed)*: |
| Office Phone no.: | Mobile phone no.: | Email : |
| Project title: |
| Infectious or potentially infectious agent/material or biological toxin used in the project: |
| Risk group of agent/material or toxin (refer to Classification of Microorganisms into Risk Group at <http://www.iium.edu.my/drri/others-related>):  | Biosafety level: |

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| PART D: APPLICANT’S DECLARATION |  YES |  NO |
| Do you have a mental or physical disorder that poses a threat to the safety or welfare of yourself or others? |  |  |
| Are you or have ever been a drug abuser or addict? |  |  |
| Have you ever been arrested or convicted for any offense or crime? |  |  |
| Do you seek to engage in terrorist activities or have you ever engaged in terrorist activities? |  |  |
| Are you a member or representative of a terrorist organisation? |  |  |

**I certify that the above statements are correct. I understand that the International Islamic University Malaysia and IBBC have the right to review and investigate my education, previous employment, criminal records and other biosecurity relevant background data.**

**I have read and understood that I have to follow and abide to all the relevant biosafety and biosecurity requirements and practices**.

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| **FOR IBBC OFFICIAL USE ONLY** |
| **Decision by Institutional Biosafety and Biosecurity Committee** Approved Not Approved Required support document |
| **Signature of IBBC Chairman:**  | **Date:** |