 Form 1

Notification of Biological Experiment Plan

To: The　President, Japan Synchrotron Radiation Research Institute Date Submitted: mm/dd/yy

Applicant’s Affiliation Phone #

Applicant’s Name

I apply in order to examine in the bio safety committee.

|  |  |
| --- | --- |
| 1.Title of Experiment |  |
| 2.Planned Period of Experiment From mm/dd/yy To mm/dd/yy |
| 3.Biological samples  | Name 1) | Biosafety Level 2) | Pathogenicity 3) | Organisms that could get infected 4) | Remarks |
|  | 1 | 2 | Others | Human | Animal | Plant |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 4.State of Samples |
| 5.Project Team Members |  | Name | Affiliation and phone # 5) |
|  | Project Leader |  |  Phone # |
|  | Project Member |  |  Phone # |
|  | Project Member |  |  Phone # |
|  | Project Member |  |  Phone # |
|  |
| 6.Main Carry-In Devices | Name | Purpose | Area Required | Name | Purpose | Area Required |
|  |  |  |  m2 |  |  |  m2 |
|  |  |  |  m2 |  |  |  m2 |

Approval / Confirmation

|  |  |  |  |
| --- | --- | --- | --- |
| To: The Director General\*This plan of experiment is valid within three years from the approval date. | Director of Safety Office | Bio-safety Supervisor | Division Head |
|  |  |  |

 (Notification of Biological Experiment Plan – Form 1)

1) Specify the name of strain, such as *Staphylococcus aureus*, in the Name field.

2) Check the appropriate box for “Biosafety Level” according to the appendix of the rules.
As for the samples not mentioned in the appendix, check “Others” and add comments to the Remarks field, such as “equivalent to Level 2”.

3) Check the appropriate boxes for Pathogenicity column. If a sample is pathogenic to both human and animals, check both boxes.

4) In the field for “Organisms that could get infected,” name and specify all organisms, such as human, dog, pigeon, rice, onion, etc.

5) If the experiment is conducted by an organization other than JASRI, fill in the Affiliation field with the name of your university and department. If conducted by JASRI, write your group name.