 Form 4

Storage Notification of Specific Biological Samples Classified as Biosafety Level 2

To: Director of Safety Office, Japan Synchrotron Radiation Research Institute

Date Submitted: mm/dd/yy

Affiliation of Project Leader Phone #

Name of Project Leader

I apply for the safety control of a biological experiment as follows.

|  |  |
| --- | --- |
| 1.Related Title of Experiment |  |
| 2.Storage Period From mm/dd/yy To mm/dd/yy |
| 3. Samples to be stored | 1 | Name |  | State of Sample 1) |  |
|  | 2 | Name |  | State of Sample |  |

4.Name of Storage Manager Phone #

5.Storage Method 2) (1) Storage facility and if it is fitted with a lock

(2) Type of container and label

(3) Others (If any, describe specifically)

Approval Notice for Storage of Specific Biological Samples Classified as Biosafety Level 2

To: Affiliation Name

The storage of ( ) classified as specific biological samples at Biosafety level 2 which was notified on mm/dd/yy was approved and you are allowed to conduct it as reported

Date: mm/dd/yy

The Director of Safety Office, Japan Synchrotron Radiation Research Institute

 Seal

(Transport of Specific Biological Samples Classified as Biosafety Level 2 - Form 4)

1) Specify “State of Samples” such as “mixed in phosphate buffer,” “sealed in a vial,” “solid fixed on glass slide,” etc.

2) Explain in detail as “freezer/locked with a chain” in Storage facility and if it is fitted with a lock.
For example, specify “enclose a fixed plate for a sample in a wide-mouthed bottle, label is on the surface of bottle” in Type of container and label.
Write instructions about storage in Others.