Genetically Modified Organisms Carry In/Out Notification Form

Date of submission:

To: The Director, Japan Synchrotron Radiation Research Institute

(Person in charge of experiment)

Name of the organization

Department and title

Name

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

Notification

|  |  |
| --- | --- |
| Acceptance number1) |  |
| Carry in or carry out2) | □ in □ out |
| Scheduled date of carry in/out | Carry in　　　YYYY/MM/DDCarry out　　 YYYY/MM/DD |
| Person in charge of carry in/out | Name of organizationDepartment and nameAddress (Postal code)Phone: Fax: E-mail: |
| Genetically modified organisms that will be carried in/out6) | Name of host or parent organism | Introduced trait | Containment level | Amount | Notes |
|  |  |  |  |  |
| Provision of information | □ Attached to this document□ Others ( ) |
| Form of transport etc | Packaging |  |
| Transportation method | □ Mail □ Vendor (courier) □ Private vehicle |
| Person in charge of carry in/out at Japan Synchrotron Radiation Research Institute |  |
| Scheduled carry in site at Japan Synchrotron Radiation Research Institute |  |

|  |
| --- |
| Confirmation of carry in/out of genetically modified organisms3) |
| □In | Confirmation of carry out of genetically modified organismsTo: Director, Japan Synchrotron Radiation Research InstituteRegarding the above-mentioned genetically modified organism which is scheduled to be carried out from our organization to be carried into Japan Synchrotron Radiation Research Institute,there is no problem in carrying it to Japan Synchrotron Radiation Research Institute.Year: Month: Day:Name of the organization □ Safety Supervisor / □ Director of Safety CommitteeName  |
| □Out | Confirmation of carry in of genetically modified organismsTo: Director, Japan Synchrotron Radiation Research InstituteRegarding the above-mentioned genetically modified organism which is scheduled to be carried out from Japan Synchrotron Radiation Research Institute to be carried into our organization, all the necessary procedures for the use of the relevant genetically modified organism have been finalized, and thus there is no problem with carrying it into our organization.Year: 　Month: 　Day:Name of the organization □ Safety Supervisor / □ Director of Safety CommitteeName 　　　　　  |

Completed by Safety Office

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 受付日 | 　　年　　月　　日 | 搬入日 | 　　年　　月　　日 | 搬入確認印 |  |
| 安全主任者確認印 |  | 搬出日 | 　　年　　月　　日 | 搬出確認印 |  |

\* Notes

1) “Acceptance Number” that was issued by the Safety Office when the Application for Approval of Genetic Engineering Experiment was submitted.

2) Check either in or out. Note that genetically modified organisms may not be transferred or received if the experimental subject using the relevant genetically modified organism is not approved at the organization of the person who will carry in/out the genetically modified organism.

3) To confirm whether the carry out/in of the relevant genetically modified organism is approved at the organization that is scheduled to carry in/out the genetically modified organism, confirmation by the safety supervisor or the director of the safety committee of the relevant organization should be indicated. If the genetically modified organism is carried in directly by a vendor, this requirement is not applicable.

4) This form should be submitted at least 10 days prior to the day of carry in/out. The person in charge of the experiment must notify the Safety Office at the completion of carry in/out.