# The IBC will perform an initial review of applications for Dealings Involving Intentional Release (DIR) and Dealings Not Involving Intentional Release (DNIR) and will assist with submission to the Office of the Gene Technology Regulator (OGTR).

*Office Use Only*

**IBC Ref. No. :** …………...................

# To submit DIR/DNIR applications to the IBC (prior to submission to the OGTR), please use the OGTR’s DIR/DNIR application forms, and attach this form as a coversheet. The OGTR’s forms can be accessed from the OGTR website: <http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/forms-1>

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| 1. **Chief Investigator’s Details** | |
| **Name:** | |
| **Contact details: Phone:** | |
| **Email:** | |
| **Discipline/Department/School:** | **Room no.:** |
| **Are you employed by Flinders University?** | Yes  / No |
| **If no, who are you employed by, and what is your affiliation with Flinders University?** | |
| 1. **Contact person for this application** (if not the Chief Investigator as listed above) | |
| **Name:** | |
| **Contact details: Phone:** | |
| **Email:** | |
| **Discipline/Department/School:** | **Room no.:** |

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| 1. **Project Information** |
| **Project Title:** |
| **Lay Summary:** to be writtenin **simple, understandable** language |
| 1. **Facility Details** |
| List details of facilities where work is to be conducted. |
| |  |  |  | | --- | --- | --- | | **Building(s)** | **Room no(s)** | **OGTR Cert. #(s)** | |  |  |  | |  |  |  | |  |  |  | |

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| 1. **Storage Information** |
| Where will you store any GMOs associated with this project if different to (4) above? |
| |  |  |  | | --- | --- | --- | | **Building(s)** | **Room no(s)** | **Location**  **(e.g. locked freezer/fridge)** | |  |  |  | |  |  |  | |

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| 1. **Access to Other Facilities** |
| Please list any other common service facilities or equipment (e.g. Confocal Microscopy Suite, Bioprocessing Facility) in which the microorganisms are likely to be handled and attach a signed letter of approval or email from the Head of that section. |
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| 1. **Department of Agriculture (formerly AQIS) Approval** | |
| **Does this project require Dept. of Agriculture (formerly AQIS) approval for importation?** <http://www.agriculture.gov.au/biosecurity> | Yes  / No |
| **If yes, please provide the permit no.:** | |
| Please attach a copy of the permit with this application.  <http://www.flinders.edu.au/mnhs/staff/safety-facilities/permits.cfm> | |

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| 1. **Material Transfer Agreement (MTA)** | | | |
| **Does this project require a Material Transfer Agreement (MTA)?** | | Yes  / No | |
| **If yes, has the MTA been submitted?** | | | Yes  / No |
| **If yes, has the MTA been finalised?** | Yes  / No | | |
| If yes, please attach a copy of the signed MTA, if pending, please forward once approved. | | | |

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| 1. **Animals** | | |
| **Does this project involve the use of animals?** | | Yes  / No |
| **If yes, have you received approval from the Animal Welfare Committee?** | Yes  / No  / Pending | |
| If yes, please attach a copy of the signed approval. If pending, please forward once approved.  **AWC Approval No.:** | | |
| If no, please ensure that you submit an application to the Animal Welfare Committee.  <http://www.flinders.edu.au/research/researcher-support/ethics/committees/animal/animal_home.cfm> | | |

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| 1. **Human Tissue** | | |
| **Does this project involve the use of human tissue?** | | Yes  / No |
| **If yes, have you received approval from the Southern Adelaide Clinical Human Research Ethics Committee (SACHREC)?** | Yes  / No  / Pending | |
| If yes, please attach a copy of the signed approval. If pending, please forward once approved.  **Ethics Approval No.:** | | |
| If no, please ensure that you submit an application to the SA HREC.  <http://www.flinders.sa.gov.au/research/pages/ethics/> | | |

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| 1. **Is this research part of a student’s post-graduate project?** | Yes  / No |
| **If yes, who is the student’s supervisor? Name:** | |

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| 1. **Training – Chief Investigator / Supervisor** | |
| **I have read the Biosafety Manual** | Yes  / No |
| **I have attended a Flinders Biosafety Training Day within the last 3 years** | Yes  / No |
| **Please give details of relevant experience with gene technology or GMOs:** | |
| **Signature :** | |

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| **Training – Other Personnel**  Please ensure that all staff and students who will be working on this project fill in and sign the table below (attach extra sheet if necessary) | | | | | | | | |
| **Name** | **Staff/ Student Category\*1** | **Have read Biosafety Manual** | **Have Received a Biosafety Training Certificate** | | | | | **Signature** |
| **At Flinders** | | **At another institution** | | |
| **Yes/No** | **If yes, year** | **Yes/No** | **If yes, year** | **If yes, where** |
| e.g. Robin Smith | Research staff | Yes | Yes | 2012 | Yes | 2005 | Adel. Uni | RSmith |
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\*1Select category from the following: research staff, research student (post-graduate), undergraduate (including honours, placement and summer scholarship students).

**NOTE: It is the supervisor’s responsibility to ensure that all students and staff involved in the project attend the annual Biosafety Training Day and are familiar with the contents of the Biosafety Manual:**

[**http://www.flinders.edu.au/research/researcher-support/ebi/biosafety/about.cfm**](http://www.flinders.edu.au/research/researcher-support/ebi/biosafety/about.cfm)

1. **Authorisation**

As **Head of the Discipline/School** where this research is to be conducted, I acknowledge that I am aware of this project.

**Name:**       **Signature:** ……………………………………..

As the **Chief Investigator** for this application, I acknowledge that the information provided is correct.

**Name:**       **Signature:** ……………………………………..

**Date:**

**STOP!**

**Have you attached the required supporting documentation?**

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| **Attached Documentation** | **Tick** ✔ |
| Grant application including scientific background information (if applicable) |  |
| All required DIR or DNIR application documentation to be supplied to the OGTR |  |
| Risk Assessment form(s) |  |
| Material Transfer Agreement (MTA) (if required) |  |
| Animal Welfare Committee approval (if required) |  |
| Clinical Human Research Ethics Committee approval (if required) |  |
| Department of Agriculture (formerly AQIS) permit (if required) |  |

**\*\* Please submit this coversheet, together with the OGTR application forms and any other required documentation to the IBC via email:** [**ibcadmin@flinders.edu.au**](mailto:ibcadmin@flinders.edu.au)

***Please retain a copy of your completed application for your own records.***

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| ***Office Use Only:***   * Reviewer: * Recommended for application to OGTR :   Approved by Reviewer: **Name:**  **Signature:** …………………………………………..  **Date:** |