*This application form should be completed to request an extension of approval for IBC approved projects.*

*Projects will be considered for one additional five-year term provided that no changes to the project are proposed.*

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| **OFFICE USE ONLY** | **Application ID** |  |
| **Date of IBC approval** |  |
| **Approval expiry date** |  |
| **Dealing type** |  |

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| 1 | General Information | | | | |
| Project Title: | | |  | | |
| IBC Project Reference Number: | | |  | | |
| **Organisation(s) where the dealing will be conducted (name all applicable)** | | | |  | |
| 1.1 | | Project Supervisor / Chief Investigator Details | | | |
| **Name** | | | | |  |
| **Organisation/ Employer** | | | | |  |
| **Telephone** | | | | |  |
| **Email address** | | | | |  |
| **Has the Project Supervisor/ Chief Investigator previously submitted an application to this IBC?** | | | | | Yes  No *If no, please provide a brief outline below of relevant experience and qualifications in relation to GMO work* |
| 1.2 | | Preferred Contact Person details | | | |
| **Same as above** | | | | |  |
| **Preferred Contact Person** | | | | |  |
| **Organisation/ Employer** | | | | |  |
| **Telephone** | | | | |  |
| **Email address** | | | | |  |
| **Has the Preferred Contact Person previously submitted a dealing application to this IBC?** | | | | | Yes  No *If no, please provide a brief outline below of relevant experience and qualifications in relation to GMO work* |

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| **2 Project Type** |
| **I am requesting an extension for an approved gene technology project**  **Yes - please fill out Section 3 (pg. 3) of this form, and for Notifiable Low Risk Dealings, submit a revised risk assessment with your application.**  **I am requesting an extension for an approved microbiology project**  **Yes - please fill out Section 4 (pg. 4) of this form only. For projects approved prior to 2022, please submit a revised risk assessment with your application.** |

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| 3 | Gene Technology Extension Request | | | |
| **Have any changes to the original application, or most recent variation, occurred?** | | Yes ⮚ A variation application should be submitted where minor scientific changes will be occurring. The scope, methodology and category of the dealing should not change. If the IBC feels that the dealing category, risk or project scope changes due to a variation, you will be asked to submit a new project application form.  No | | |
| **3.1 For gene technology projects, does your project remain within the category of the original approval?** Yes  / No  **Please confirm the current schedule(s) of the dealing below** | | | | | |
| Refer to the Schedules in the Gene Technology Regulations 2001, available online to determine the correct type(s) of dealing(s). Indicate all that apply: <https://www.legislation.gov.au/Details/F2016C00615> | | | | | |
| Exempt Dealing Category *(Schedule 2 Part 1)*  ***Please also select the relevant host/vector system category from Schedule 2 Part 2 below.*** | | | 2  3  3A  4  5 | ***A dealing is an exempt dealing if it:*** *a) is a kind mentioned in Schedule 2 Part 1; &  b) does not involve a genetic modification other than a modification described; &  c) does not involve an intentional release of the GMO into the environment; &  d) does not involve a retroviral vector that is able to transduce human cells* | |
| Exempt Dealing Host/Vector System Category *(Schedule 2 Part 2)*  *Please also select the relevant exempt dealing category from Schedule 2, Part 1 above.* | | | 1   2   3   4  5  6  7  8  9  10 | *Please select relevant exempt host vector systems in* [*Section 4.1*](#_About_the_GMOs) *of this form.* | |
| Notifiable Low Risk Dealing – PC1 *(Schedule 3 Part 1)* | | | 1.1(a)  1.1 (c) | *A dealing is not a notifiable low risk dealing if it: a) is also a dealing of a kind mentioned in Part 3 of Schedule 3; or b) involves an intentional release of the GMO into the environment.*  *A dealing that is not an exempt dealing or a notifiable low risk dealing must be authorised under an OGTR licence.* | |
| Notifiable Low Risk Dealing – PC2 *(Schedule 3 Part 2)* | | | 2.1(a)  2.1(aa)  2.1(b)  2.1(c)  2.1(d)  2.1(e)  2.1(f)  2.1(g)  2.1(h)  2.1(i)  2.1(j)  2.1(k)  2.1(l)  2.1(m) |

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| **3.2 Personnel Currently Working on the Project** | | | |
| **Name** | **Staff/ Student Category\***  \*Select category from the following: research staff, research student (post-graduate), or undergraduate (including honours, placement and summer scholarship students). | | |
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| **3.3 Facilities Currently Used for the Project** | | | |
| **Building/Facility Name & Room Number** | | **PC Level (PC1/PC2)** | **OGTR Cert. #** |
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| * 1. **Current Storage Locations for GMOs or Risk Group 2 Microorganisms** | | | |
| **Building, room number/location and storage unit details**  *(e.g. -80 freezer A, FMC level 6E corridor, outside room 6E111)* | | | **Locked storage?** |
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| 3.5 | Project Supervisor Declaration | | | | | | | | |
| Please ensure you understand each statement and your responsibilities and then sign the application form (electronic signatures accepted). | | | | | | | | | |
| I have read, considered and understand my responsibilities under the Gene Technology Act 2000 and agree to undertake the dealing outlined in this application in accordance with the relevant Office of the Gene Technology Regulator guidelines and regulations (including, but not limited to all disposal, transport and storage) <http://www.ogtr.gov.au> | | | | | | | | | |
| I am aware of my responsibilities in relation to ensuring that any personnel conducting this work are appropriately trained and are aware of and follow the relevant guidelines and regulations. | | | | | | | | | |
| Where a GMO is received from sources outside the institution responsible for the project, I will take steps to confirm its identity. | | | | | | | | | |
| In the event of an unintentional release of a GMO I am aware that I must put into place the appropriate responses to contain the release and I will inform the IBC as soon as practicable of any incidents, accidents or unintentional releases involving GMOs. | | | | | | | | | |
| I am aware that breaches of the legislation are serious matters and that penalties could include loss of OGTR Accreditation status for the organisation, imprisonment and/or substantial fines. | | | | | | | | | |
| Name | | |  | | Signature |  | Date | | |
| 4 | | Microbiological Extension Request | | | | | |
| **Have any changes to the original application, or most recent variation, occurred?** | | | | Yes ⮚ A variation application should be submitted where minor scientific changes will be occurring. The scope, methodology and risk group of the dealing should not change. If the IBC feels that the risk or project scope changes due to a variation, you will be asked to submit a new project application form.  No | | | |
| **3.1 For microbiological projects, does the microorganism / sample type described in your original approved application remain the same?** Yes  / No | | | | | | | | |
| **Please list all microorganisms (including species and strain) and /or sample types below:** | | | | | | | | |
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| **3.2 Personnel Currently Working on the Project** | | | |
| **Name** | **Staff/ Student Category\***  \*Select category from the following: research staff, research student (post-graduate), or undergraduate (including honours, placement and summer scholarship students). | | |
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| **3.3 Facilities Currently Used for the Project** | | | |
| **Building/Facility Name & Room Number** | | **PC Level (PC1/PC2)** | **OGTR Cert. #** |
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| * 1. **Current Storage Locations for GMOs or Risk Group 2 Microorganisms** | | | |
| **Building, room number/location and storage unit details**  *(e.g. -80 freezer A, FMC level 6E corridor, outside room 6E111)* | | | **Locked storage?** |
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| 3.5 | Project Supervisor Declaration | | | | |
| Please ensure you understand each statement and your responsibilities and then sign the application form (electronic signatures accepted). | | | | | |
| To the best of my knowledge, the information supplied on this form and any attachment(s) is not false or misleading. | | | | | |
| I am aware of my responsibilities in relation to ensuring that any personnel conducting this work are appropriately trained and are aware of and also follow the relevant guidelines and standards. | | | | | |
| I have considered the potential risks that the conduct of this dealing could pose to people and/or the environment and will implement appropriate actions and precautions to minimise this risk. | | | | | |
| Where a microorganism is received from sources outside the institution responsible for the project, I will take steps to confirm its identity. | | | | | |
| Name | |  | Signature |  | Date |