*This application form should be completed for to apply for approval to use risk group 2 or higher microorganisms and/or samples containing these for research or teaching purposes. Refer to Australian / New Zealand Standard 2243.3: Safety in Laboratories Part 3: Microbiological Safety and Containment for definitions of microbiological risk groups and indicative examples of microorganisms falling under each group. Completed applications should be submitted electronically to the Biosafety Officer:* *ibcadmin@flinders.edu.au**.*

***Please note:*** *Applicants must also complete and submit a risk assessment with this application form. See* [*section 5*](#_5) *of this form for further information.*

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

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| 1 | General Information |
| Project Title: |       |
| **Organisation(s) where the work will be conducted (name all applicable)** |       |
| **Has this dealing been approved by or is currently being reviewed by another Biosafety Committee?**  | [ ]  Yes [ ]  No *If yes, please submit relevant approval notice and complete following details* |
| **Other IBC name** |       |
| **Application ID**  |       |
| 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 Committee?** | [ ]  Yes [ ]  No *If no, please provide a brief outline below of relevant experience and qualifications in relation to microbiology*       |
| 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 Committee?** | [ ]  Yes [ ]  No *If no, please provide a brief outline below of relevant experience and qualifications in relation to microbiology*       |

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| 2 | General description of work |
| **Proposed commencement date** |  |
| **2.1 Description of the work** |
| *Please select the appropriate option(s) to describe the proposed work.***Please contact the IBC Executive Officer before proceeding further if planning to undertake PC3 or PC4 dealings, or if planning to undertake work with Security Sensitive Biological Agents.** | [ ]  Handling clinical or environmental samples that are known to contain Risk Group 2 microorganisms (excluding for the purpose of performing routine clinical/diagnostic reporting) |
| [ ]  Isolation, enrichment or culture of unknown microorganisms from clinical or environmental samples that are likely to contain Risk Group 2 (or higher) microorganisms. |
| [ ]  Isolation or culture of a known Risk Group 2 microorganism |
| [ ]  Work involving Risk Group 3 or 4 microorganisms (including fixed or non-viable samples) |
| [ ]  Work involving Security Sensitive Biological Agents |
| [ ]  Other – please briefly describe:  |
| 2.2 Lay Summary- please include a short summary of the project using lay language |
|       |
| 2.3 Associated Approvals |
| **Does this project involve any of the following?** [ ]  Human Ethics Committee approval ⮚ Approval no:       or [ ]  pending [ ]  Animal Ethics Committee approval ⮚ Approval no:       or [ ]  pending [ ]  Import of biological materials from an overseas locationIs an Import Permit required? Search BICON for further information: <https://bicon.agriculture.gov.au/BiconWeb4.0/> [ ]  Yes ⮚ DAWR Import Permit ID      [ ]  No |

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| 3 | Summary of Microorganisms and Biologically Hazardous Samples  |
| Refer to Australian / New Zealand Standard 2243.3: Safety in Laboratories Part 3: Microbiological Safety and Containment for definitions of microbiological risk groups and indicative examples of microorganisms falling under each group. Access is available via [SAI Global](https://www.saiglobal.com/online/Search/Standard) when on campus.  |
| 3.1 Description of Microorganisms and/or Biologically Hazardous MaterialsPlease include details for all microorganisms and /or biologically hazardous materials that you are seeking approval to use. Complete a new row for each microorganism or sample and add additional rows by copying where required. |
| Microorganisms and/or MaterialsIncluding samples known or likely to contain risk group 2 or higher microorganisms | Strain (where applicable) and source details | CharacteristicsWhere describing a biologically hazardous sample, provide indication of microorganisms that are likely to be present in the ‘general description’ section below. |
|       | Strain:      Source:       | General description:      Pathogen type(s) (select all that apply): [ ]  Human pathogen[ ]  Animal pathogen[ ]  Plant pathogen[ ]  Pathogen of aquatic organismsRoute(s) of transmission (select all that apply):[ ]  Airborne [ ]  Sexual transmission[ ]  Aerosol (droplet) [ ]  Mother-to-child [ ]  Skin contact [ ]  Zoonoses[ ]  Blood exposure or needlestick injury [ ]  Vector transmission (e.g., insect bite)[ ]  Vehicle transmission (e.g., via food, water or fomites)[ ]  Other – describe:      Describe any antimicrobial or disinfectant resistances, where applicable:       |
|       | Strain:      Source:       | General description:      Pathogen type(s) (select all that apply): [ ]  Human pathogen[ ]  Animal pathogen[ ]  Plant pathogen[ ]  Pathogen of aquatic organismsRoute(s) of transmission (select all that apply):[ ]  Airborne [ ]  Sexual transmission[ ]  Aerosol (droplet) [ ]  Mother-to-child [ ]  Skin contact [ ]  Zoonoses[ ]  Blood exposure or needlestick injury [ ]  Vector transmission (e.g., insect bite)[ ]  Vehicle transmission (e.g., via food, water or fomites)[ ]  Other – describe:      Describe any antimicrobial or disinfectant resistances, where applicable:       |
|       | Strain:      Source:       | General description:      Pathogen type(s) (select all that apply): [ ]  Human pathogen[ ]  Animal pathogen[ ]  Plant pathogen[ ]  Pathogen of aquatic organismsRoute(s) of transmission (select all that apply):[ ]  Airborne [ ]  Sexual transmission[ ]  Aerosol (droplet) [ ]  Mother-to-child [ ]  Skin contact [ ]  Zoonoses[ ]  Blood exposure or needlestick injury [ ]  Vector transmission (e.g., insect bite)[ ]  Vehicle transmission (e.g., via food, water or fomites)[ ]  Other – describe:      Describe any antimicrobial or disinfectant resistances, where applicable:       |
|       | Strain:      Source:       | General description:      Pathogen type(s) (select all that apply): [ ]  Human pathogen[ ]  Animal pathogen[ ]  Plant pathogen[ ]  Pathogen of aquatic organismsRoute(s) of transmission (select all that apply):[ ]  Airborne [ ]  Sexual transmission[ ]  Aerosol (droplet) [ ]  Mother-to-child [ ]  Skin contact [ ]  Zoonoses[ ]  Blood exposure or needlestick injury [ ]  Vector transmission (e.g., insect bite)[ ]  Vehicle transmission (e.g., via food, water or fomites)[ ]  Other – describe:      Describe any antimicrobial or disinfectant resistances, where applicable:       |
|       | Strain:      Source:       | General description:      Pathogen type(s) (select all that apply): [ ]  Human pathogen[ ]  Animal pathogen[ ]  Plant pathogen[ ]  Pathogen of aquatic organismsRoute(s) of transmission (select all that apply):[ ]  Airborne [ ]  Sexual transmission[ ]  Aerosol (droplet) [ ]  Mother-to-child [ ]  Skin contact [ ]  Zoonoses[ ]  Blood exposure or needlestick injury [ ]  Vector transmission (e.g., insect bite)[ ]  Vehicle transmission (e.g., via food, water or fomites)[ ]  Other – describe:      Describe any antimicrobial or disinfectant resistances, where applicable:       |

**Please copy and paste additional rows from above as required to add more microorganisms or samples.**

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| 4 Description of Activities |
| *Please ensure that the information provided, including the description, accurately includes all aspects of the w*ork*.* *Please include the aims of the proposed work, method of culture and/or use of microorganisms and samples. If more than one type of activity is included on this application, please ensure that the work associated with each activity is clearly identified and outlined.* |
| **Description of work including details of collection, culture and/or use of samples (where applicable) and any downstream analyses**      |
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| **What is the maximum volume of any single culture or sample that will be handled?**       |
| 4.1 Transport, storage and disposal |
| **Please describe any transport activities (including import and export) that will be undertaken, including identifying the packaging and labelling procedures and any couriers or external parties involved in the activity:**       |
| **Please describe storage conditions for any stored samples, including identifying the packaging and labelling:**       |
| **Please describe how samples will be disposed and work areas decontaminated, including identifying any treatments or disinfectants to be used, and disinfectant concentrations and contact times:**       |

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| 5 | Risk assessment |
| **What are the possible routes of accidental exposure to biological materials from the work proposed in this dealing?**  |
| [ ]  Inhalation of infectious aerosols[ ]  Contact with skin, eyes or mucous membranes[ ]  Animal bite or scratch [ ]  Exposure to contaminated bodily fluids[ ]  Other – describe:       | [ ]  Ingestion (e.g. contaminated hand-to-mouth contact)[ ]  Parenteral inoculation by syringe needle or other contaminated sharp(s)[ ]  Vector transmission (e.g. insect bite)[ ]  Absorption (e.g. skin or mucosal membrane) |
| **Please select all methods and/or equipment you intend to use that may create an exposure****to the biological hazards described in this application.** |
| [ ]  Centrifugation[ ]  Use of needle/scalpel/sharps[ ]  Decanting large volumes [ ]  Vigorous shaking/mixing [ ]  Microbiological/tissue culture [ ]  Injection of animals [ ]  Use of a shaking incubator [ ]  Use of a bioreactor/fermenter [ ]  Use of glassware [ ]  Slide preparation [ ]  Other – describe:       | [ ]  Handling infected animals[ ]  Dissection/necropsy[ ]  Using automated equipment[ ]  Pipetting[ ]  Opening freeze-dried material[ ]  Blending/grinding[ ]  Freeze drying[ ]  Sonication[ ]  Bench-top culture[ ]  Aspiration[ ]  Flow Cytometer [ ]  Cell Sorter |
| **Please describe controls that will be employed to prevent laboratory transmission and/or unintentional release:**      **Please select the containment equipment that you will require for this project:** [ ]  Class II biological safety cabinet[ ]  Autoclave[ ]  Centrifuge fitted with bioaerosol containment covers / rotor caps[ ]  Individually ventilated cages (IVCs) for rats/mice[ ]  Animal door barriers[ ]  Pest management traps (e.g. sticky mats or insect zappers)[ ]  None/not applicable[ ]  Other – describe:       |
| **What Personal Protective Equipment (PPE) will be used?**  |
| [ ]  Enclosed shoes[ ]  Fit-tested P2 or N95 mask[ ]  Long-sleeved lab coat [ ]  Long-sleeved, rear-fastening gown [ ]  Other – describe:       | [ ]  Surgical face mask[ ]  Face shield[ ]  Latex gloves[ ]  Nitrile gloves  |
| **Please describe management and clean-up procedures that will be employed in the event of a spill of biological material described under this project. Include disinfectant type, concentration, and contact time in your procedure:**       |
| **Where antimicrobial resistances exist in the strains proposed for use, please describe what alternate treatment options are available in the event of an infection.**       |
| **Is immunization required or recommended when working with the microorganisms or samples being handled? If yes, do all relevant staff have appropriate and verified immunisation status?**      |
| **Are there any groups of people who may be at greater risk from handling the microorganisms or samples involved in this project? (e.g. immune compromised individuals, staff who are pregnant or planning pregnancy)? If yes, have at-risk personnel been identified and notified of the risks involved?**       |
| **Are there any health considerations for support personnel (e.g. animal facility staff, cleaning staff, maintenance contractors) arising from this work, such as requirements for vaccination? If so, please describe.**      |
| **A risk assessment for the project must be prepared per Work Health and Safety Requirements, but is not required to be submitted with this application.****WHS risk assessment forms are available here:** [**https://staff.flinders.edu.au/workplace-support/whs/information-documents/forms**](https://staff.flinders.edu.au/workplace-support/whs/information-documents/forms) |

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| 6 | Persons undertaking the dealing |
| *The Biosafety Committee must assess whether the persons or categories of persons have appropriate training and experience to undertake the work.* **Note: Appropriate training for personnel undertaking research includes** successful completion of Biosafety Training in FLO, reading the Biosafety Manual and completing a Physical Containment (PC) facility induction for all PC facilities where you will be undertaking work.  |
| **List all persons known to be involved at the time of writing this application -** *d*etails of additional persons can be added later by notifying the IBC via email. |
| **Name** | **Category** **Research Staff/ Student/ Other** | **Biosafety Training completed?** |
| **Yes/ No** | **If yes, when (year) & where (organisation)?** | **If no, what measures are in place to ensure all personnel are adequately trained before commencing the dealing?** |
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| 7 | Facilities to be Used |
| *All facilities to be used must be authorised. Please list all facilities intended to be used at the time of writing this application – details of additional facilities can be added later by notifying the Biosafety Committee via email.* Note: If you have any questions regarding any facilities or “local contact persons”, please contact the Biosafety Officer: ibcadmin@flinders.edu.au |
|  | **Facility 1** | **Facility 2** | **Facility 3** |
| **Organisation/Site** |       |       |       |
| **Room Number(s)** |       |       |       |
| **Building** |       |       |       |
| **Type of facility & PC level** |       |       |       |
| **Local contact person** |       |       |       |
|  | **Facility 4** | **Facility 5** | **Facility 6** |
| **Organisation/Site** |       |       |       |
| **Room Number(s)** |       |       |       |
| **Building** |       |       |       |
| **Type of facility & PC level** |       |       |       |
| **Local contact person** |       |       |       |

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| 8 | Storage Locations |
| *All storage locations used must be authorised. Storage of microorganisms and biologically hazardous samples outside of a certified PC facility is permitted, but must be in a secure location authorised by the Biosafety Committee. Unauthorised storage is not permitted.* |
|  | **Location 1** | **Location 2** | **Location 3** |
| **Organisation/Site** |       |       |       |
| **Room Number(s)** |       |       |       |
| **Building** |       |       |       |
| **Storage location** **(e.g. locked -80 freezer in corridor; fridge # 1, etc.)** |       |       |       |

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| 9 | 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. |
| In the event of an unintentional release of a microorganism 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 microorganisms or biologically hazardous samples.  |
| Name |  | Signature |  | Date |

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| 10 | **Comments for the Biosafety Committee** – e.g., use this section to list any attachments to the application |
|  |

**Please submit this application form, together with any other required documentation to the Biosafety Committee via email:** **ibcadmin@flinders.edu.au**

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