

**PROPOSAL FORM FOR ASSESSMENT OF GENETIC MANIPULATION WORK**

GMAC Ref No.: \_\_\_\_\_  
(For official use only)

**Name of Scientist(s) :** \_\_\_\_\_

**Name of Institution :** \_\_\_\_\_

**Type of Experimental Organisms (please check the appropriate box):**

Animal       Plant       Others, please specify: \_\_\_\_\_

**Experiment Risk Group (please check the appropriate box) :**

Category A       Category B       Category C

**A. Experimental detail** (attach separate sheet if necessary)

1.	Project title
2.	Research unit involved
3.	Experimental objective
4.	Rationale for the experiment

5a.	Description of transgene(s) and gene construct(s)
5b.	Nature of Transgene(s) [please check the appropriate box]: <input type="checkbox"/> Oncogenic <input type="checkbox"/> Toxic <input type="checkbox"/> Non-oncogenic and non-toxic
6.	Method of gene delivery
7.	Duration of the experiment ( $\leq 3$ years)

**B. Organism/vector** (attach separate sheet if necessary)

1.	Name and address of exporting user
2.	Date of transfer
3.	Name of organism/vector
4.	Natural host
5.	Requirement(s) to ensure containment, safe handling, storage and disposal

**Prepared by:**

_____	_____	_____
<b>Name and Signature</b>	<b>Appointment / Laboratory</b>	<b>Date</b>
<b>Contact Details</b>		
Address	:	_____
		_____
Tel Number	:	_____ Fax Number :
Email	:	_____

**Reviewed by:**

_____	_____	_____
<b>Date received by IBC Chairman</b>	<b>Name and Signature</b>	<b>Date</b>

Note that IBCs should provide annual reports of its composition and activities by 1<sup>st</sup> January every year.

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**The following section is applicable for Category A experiments only:**

<p>Please indicate if approval have been sought from relevant regulatory authority (MOH / AVA / NEA) for *use/possession/import/transport of the GMO.</p> <p>If yes, please provide supplementary proof.</p> <p>If no, please explain why.</p> <p><i>*(highlight where applicable)</i> <i>For a list of regulatory contact points, please refer to Section 6.6 (page 23).</i></p>
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