



Chulalongkorn University
Institutional Biosafety Committee

Receiving No.....

Receiving Date.....

Approval No.....

Approval Date.....

Form C

A Form to Request an Approval of Experiments at Scale
of 10 L Fermenter or More and the Field Work from the Institutional
Biosafety Committee of Chulalongkorn University

Please fill out the form.

1. Project Title:.....

2. Principal Investigator:.....

3. Lab/Research Personnel Involved in this research project (Personnel are related to biological work.):

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

Name-Surname:..... Degree:..... Position:.....

4. Contacting Address:.....

Telephone:..... Mobile Phone:.....

Fax:..... E-mail Address:.....

5. Funding Support:.....

Submitted Approved

6. Project Duration:..... Start Date:..... End Date:.....

(Please attach the full research proposal and highlight in the part of research proposal related to biological work.)

7. Type of organisms used in the research. (Can choose more than 1 type)

- Microorganism Pathogen Plant Animal GMO Insect or Disease Carrier
 Others (specify).....

8. Risk Group

- Risk Group 1 Risk Group 2

9. Information on organisms used in the research.

a) Genetically modified organism.....

b) Expression of genes that are expected.

Insertion Gene	Phenotype	
	Host	Intermediate Host
1. Promotor		
2. Enhancer		
3. Gene		
4. Terminator		

In case of the hosts/vectors that are absence in the hosts/vectors list in biosafety guideline, please attach the information and map.

c) Recombinant insert

1) Source and DNA/RNA sequence (specific Genus, Species, gene name and GenBank Account No.).....

2) Function and product of gene or base sequence.....

d) Vector system

1) Expression host (specific species).....

2) Specific about information of vector (Is derivative of accepted vector as safety?) If vector is new, attach information and map.....

3) Is virus that cause disease or toxic? If yes, specific name and/or type of protein or toxin.....

e) Gene transfer method.....

f) Information about reproduction system: Characteristic of reproduction, specific factor affecting reproduction, Life-cycle period, characteristic and possibility of cross-pollinated crops.....

g) Endemic information.....

h) Trend exchange genetic material to another organism.....

i) Level of safety to health and human life.....

j) Mechanism of interaction between genetically modified organisms to target organism.....

k) Mechanisms and techniques that are used to monitor and track organism to be used in experiment.....

10. Information about field work management

a) Place for experiment

1) Place.....

2) Size of place.....

3) Type of environment nearby.....

b) The genetic relationship between organism used to experiment with another organism.....

c) To increase a number in field work

1) Reproduction method.....

2) Management before experiment.....

3) Management after experiment.....

d) Plan to prevent escape.....



Signature Date

(.....)

Principal Investigator/Advisor

Signature Date

(.....)

Co-Investigator/Student (In Case of a Thesis)

Signature Date

(.....)

Head of Department

