

## IBBC | BIOINVENTORY FORM

### INSTITUTIONAL BIOSAFETY & BIOSECURITY COMMITTEE (IBBC)

Name:  Office Address:  Mobile No:

Project No. (If applicable):  Email:  Date:

Project Title:

1. Place a check beside each type of biological material used or stored in areas under your control.

- Bacteria                       Viruses                       Prions  
 Parasites                       Fungi                       Biological Toxins  
 Human Blood / unfixed human tissues / body fluids / saliva / stool / urine other potentially infectious material  
 Recombinant DNA or recombinant products (also complete section 3)

2. Describe and classify biological materials (genus, species, and strain).


Biological Material	Viable?	Pathogen			Drug Resistant?	BSL	Storage Details, Location and Quantity (Grams / Volume) (Estimate if necessary)
		Human	Animal	Plant			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		#	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		#	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		#	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		#	

3. Describe and classify recombinant materials (genus, species, and strain).

Source of DNA/RNA	Nature of inserted sequence	Host strains	Vector strains	Expression of foreign gene?	Storage Details, Location and Quantity (Grams / Volume) (Estimate if necessary)

I hereby certify that the information supplied in this form is the best of my knowledge accurate and truthful.

Completed by:

PI Signature: 

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email to: [ibc@iium.edu.my](mailto:ibc@iium.edu.my)