 Form 2

Notification of Changes in Biological Experiment Plan

To: The President, Japan Synchrotron Radiation Research Institute Date Submitted: mm/dd/yy

Affiliation of Project Leader Phone #

Name of Project Leader

I apply in order to examine in the bio safety committee.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 1.Title of Experiment 1) | Original | |  | | | | | | | | | | | | | | | | |
|  | Changed | |  | | | | | | | | | | | | | | | | |
| 2. Planned Period of Experiment Original: From mm/dd/yy To mm/dd/yy  Changed: From mm/dd/yy To mm/dd/yy  3.Biological Samples (Added/deleted samples only) | | | | | | | | | | | | | | | | | | | |
|  | Name 2) | | | | | | Biosafety Level 3) | | | | Pathogenicity 4) | | | | Organisms that could get infected 5) | | | Remarks | |
|  | 1 | 2 | Others | | Human | Animal | Plant | |
|  |  | | | | | |  |  |  | |  |  |  | |  | | |  | |
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|  | | | | | | | | | | | | | | | | | | | |
| 4.Project Members | Added | Deleted | | Replaced 6) |  | | | | | Name | | | | Affiliation and phone # 7) | | | | | |
| (Replaced/added/deleted members only) |  |  | |  | Project Leader | | | | |  | | | | Phone # | | | | | |
|  |  | |  | Project Member | | | | |  | | | | Phone # | | | | | |
|  |  |  | |  | Project Member | | | | |  | | | | Phone # | | | | | |
|  |  |  | |  | Project Member | | | | |  | | | | Phone # | | | | | |
|  | | | | | | | | | |
| 6. Main Carry-In Devices | Added/Deleted | | Name | | | Purpose | | | | Area Required | | Added/Deleted | | | | Name | Purpose | | Area Required |
| (Added/deleted devices only) |  | |  | | |  | | | | m2 | |  | | | |  |  | | m2 |
|  | |  | | |  | | | | m2 | |  | | | |  |  | | m2 |

Confirmation / Approval

|  |  |  |  |
| --- | --- | --- | --- |
| To: The Director General | Director of Safety Office | Bio-safety Supervisor | Division Head |
|  |  |  |

(Notification of Changes in Biological Experiment Plan – Form 2)

1) Fill in original Title of Experiment field, even if there is no change in the title.

2) Specify the name of strain, such as *Staphylococcus aureus*, in the Name field. With respect to members to be deleted, just fill in Name field and leave the other fields empty.

3) Check the appropriate box for “Biosafety Level” according to the appendix of the rules.  
As for the samples not mentioned in the appendix, check “Others” and add comments to the Remarks field, such as “equivalent to Level 2”.

4) Check the appropriate boxes for Pathogenicity column. If a sample is pathogenic to both human and animals, check both boxes.

5) In the field for “Organisms that could get infected,” name and specify all organisms, such as human, dog, pigeon, rice, onion, etc.

6) If the project leader is replaced, check the Replaced box.

7) If the experiment is conducted by an organization other than JASRI, fill in the Affiliation field with the name of your university and department. If conducted by JASRI, write your group name.