Genetic Modification Experiment (Progress / Completion) Report1)

Date of submission:

To: The Director General, Japan Synchrotron Radiation Research Institute

I apply for the safety control of a genetic recombination experiment as follows.

Description

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Receipt number2) | | | |  | |
| Person in charge of the experiment | | | Name of the organization and department |  | |
| Title |  | |
| Name |  | |
| Manager3) | | | Name | Seal | |
| Name of experiment worker, place of experiment.  Genetically modified organisms used for the experiment.4) | | | |  | |
| Duration of experiment | | | |  | |
| Frequency of the experiment | | | | □ Almost every day □ Approx. times/week  □ Approx. times/month □ Approx. times/year  □ Not conducted | |
| Storage of genetically modified organisms | | Experiment in progress | | □ Yes □ No | |
| Experiment completed5) | | □ Yes | Submit Form 20-4, Notification of Storage of Genetically Modified Organisms. |
| □ No | Enter the method of disposal of genetically modified organisms. |
| Restoration | Safety cabinet6)  (for P2, P2A, and P2P level experiment | | | (□ At every use or □ Periodically), the worker confirms whether there are not any abnormalities. | |
| Other equipment7) | | |  | |
| Comments regarding the safety of this experiment8) | | | |  | |
| Future plan | | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Receipt | 20YY, MM, DD | Confirmation by Safety Office |  | Confirmation by Safety Supervisor |  |

\*Notes

1. Circle either “Progress” or “Completion”.
2. For “Receipt number”, provide the number issued by the Safety Office when you submitted the Application Form for Genetic Modification Experiment.
3. The signature or seal of the department head of the person in charge of the experiment is required.
4. For the names of experiment workers, the location of the experiment, the storage location of genetically modified organisms, and the genetically modified organisms used for the experiment, circle the relevant items in the annex and submit the annex with this report.
5. If the experiment has been completed, check “Yes” or “No” for whether genetically modified organisms are currently being stored on-site. If you check “Yes”, submit Form 20-4 “Notification of Storage Location of Genetically Modified Organisms”.
6. Fill in the field only if the experiment requires P2-, P2A-, or P2P-level containment measures.
7. Explain what inspections were carried out on the equipment used for the genetic modification experiment upon the completion of or during the experimental period.
8. If you have gained insight regarding the safety of the experiment while working on this genetic modification experiment, provide it in the field.
9. The Genetic Modification Experiment Safety Committee will conduct inspections if any part of this report is sufficiently unclear.

Annex

Circle the relevant items and submit this annex with Form 20-3 Genetic Modification Experiment (Progress/Completion) Report.

1. Location of the experiment
2. Current storage location of genetically modified organisms
3. Workers who participated in the experiment
4. Donor nucleic acids (DNA donors) and host–vector systems used in the experiment