**MOLECULAR BIOLOGY SERVICES – BIOSAFETY DECLARATION**

Under the terms and conditions of sales for 1st BASE Molecular Biology Services, we do not accept any samples that are toxic, bio-hazardous, and pathogenic to humans or suspected pathogenic in nature unless otherwise agreed upon and stated in a Project Agreement.

1. We do not accept infected specimens (Blood/ Saliva/ Tissue) from patients whose clinical history indicates the possibility of the following:
	* Viral haemorrhagic fevers
	* Hepatitis B / C
	* Human Immunodeficiency Virus disease (e.g AIDS)
	* Syphilis
	* Other blood-borne/oral transmission diseases
2. We only accept biological agents (bacteria/ fungi/ animal tissue) categorized under World Health Organization (WHO) Risk Group 1 and 2.

Kindly complete this form to declare that your pathogenic samples are no longer infective and/or they have inactivated their pathogenic samples prior to project acceptance. Samples cannot be an intermediate in any process that results in the generation of illegal material.

Thank you.

1st BASE

---------------------------------------------------------------------------------------------------------------------------------------------

|  |
| --- |
| **A) CUSTOMER INFORMATION** |
| **Requestor’s Full Name:** |       |
| **Designation:** |       |
| **Name of Institution** |       |
| **Department:** |       |
| **Principal Investigator’s Full Name:** |        |
| **Name of Institution:** |       |
| **Address:** |       |
| **Contact Numbers:** |       |
| **Email Address** | (Office)       (Mobile)       |

|  |
| --- |
| **B) SAMPLE INFORMATION** |
| **1. Have the samples be screened for the below diseases? Please tick.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No. | Diseases | Yes | No | Not Applicable |
| 1 | Human Immunodeficiency Virus disease (AIDS)  | [ ]   | [ ]  | [ ]  |
| 2 | Hepatitis B/ Hepatitis C | [ ]  | [ ]  | [ ]  |

 If you answer ‘yes’ to any of the above, please provide details below:

|  |  |
| --- | --- |
| Name of Pathology Laboratory |       |
| Contact Person |       |
| Contact Number |       |
| Report Reference Number |       |

*Note: information provided above will only be used for authenticity purposes* |
| **2. Source of bacterial/ fungal culture and animal tissue? E.g. Environmental (Soil, wastewater), Plant, Animal, Human, Patient, Diseased animals. Please specify the answer on the line below or check the ‘Not Applicable’ box.**      [ ]  Not Applicable.Please select sample type[ ]  Bacteria; please state the suspected genus and species:      [ ]  Fungus; please state the suspected phylum and class:       |
| **3. Please specify any other potential risk factors:**       |

|  |
| --- |
| **C) DECLARATION** |
| I, being the **Principal Investigator** for this project, declare that I am aware of the potentially hazardous nature of this biological specimen’s request, and I am responsible for ensuring that the biological specimens do not impose any potential infectious diseases to the health or safety of any other person handling the specimens.I also declare that the information provided above is **true and accurate** and hereby grant permission to 1st BASE to contact the above Pathology Laboratory to validate the screening test performed.   Signature of Principal Investigator DateOfficial Stamp |