**BIOSAFETY DECLARATION**

Under the terms and conditions of sales for 1st BASE 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

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

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| **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/C |  |  |  | | 3 | Others (Please specify): |  |  |  |   If you answer ‘yes’ to any of the above, please provide details below:   |  |  | | --- | --- | | Name of Laboratory |  | | Contact Person |  | | Contact Number |  | | Report Reference Number |  |   *Note: information provided above will only be used for authenticity purposes* |
| **2. Source of sample 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:    Others: please specify |
| **3. Biosafety Level (Biosafety Level 1 or 2 ONLY):** |
| **4. Please specify any other potential risk factors:** |

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| **C) DECLARATION** |
| I, being the **Principal Investigator** for this project, declare that I am not conducting any prohibited or restricted research as defined in the Third and Fourth Schedules of the Human Biomedical Research Act (2015). 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 Date    Official Stamp |